

# Accommodation Services Attending Physician Statement

## Purpose of Statement

This statement will assist Sun Life in understanding your patient's condition and request for accommodation at work. For accommodation assessments, Sun Life engages Homewood Health as its service provider. In this form when we refer to Sun Life, we're including our agents and service providers. Thank you for your time and cooperation. Please note that any reference to Attending Physician (doctor) also refers to Licensed Physician or Nurse Practitioner.

## Return address

Return this Statement to your patient or fax it to: Homewood Health's confidential fax number at 1-519-821-9799. It can also be emailed to: [sunlifereferrals@homewoodhealth.com](mailto:sunlifereferrals@homewoodhealth.com). If you choose to send your information by email, we can't guarantee the privacy or security of email communications while they are on their way to Homewood Health.

## 1 Plan member information and authorization (to be completed by patient)

Be sure to complete all employee information.

Last name (Quebec residents – maiden name) ( please print)		First name (please print)
Contract number	Member ID	Plan sponsor name

I authorize my doctor to collect, use and disclose information with Sun Life, its agents and service providers needed to assess and administer my accommodation request. I agree that this authorization is valid throughout the duration of my accommodation request, any dispute related to this request or my accommodation, and/or for audit purposes, Sun Life's contract with the plan sponsor.

In place of my handwritten signature, I have typed my name. Both my name and an electronic copy of this form are as valid as an original.

Member's signature X	Date (dd-mm-yyyy)
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## 2 Attending Physician Statement

### Note to Physician – Please complete this form based on your patient's current medical condition.

**LIMITATIONS** are defined as activities that may cause discomfort, pain or increase other symptoms due to a health condition. They are not unsafe and will not cause further injury or aggravation of the condition. For example, an employee may have difficulty concentrating on writing reports, however can still write reports but may take longer to do so. It is usually recommended for the employee to pace oneself, ask for assistance when needed, or take micro-breaks.

**RESTRICTIONS** are defined as activities that should not be performed by an employee because it is unsafe or will cause further injury or aggravation of the health condition. For example, an employee may experience side effects due to medication or have a health condition that make it unsafe for them to operate machinery or drive vehicles.

Nature of condition causing or contributing to the request for accommodation at work

## 2 Attending Physician Statement (continued)

### 1 Cognitive work limitation or restriction

Areas of difficulty: please only check areas in which your patient is experiencing difficulties with psychological/cognitive abilities.	Limitation or restriction	Severity of the impairment (select one: Mild, Moderate or Severe)	If there are specific workplace accommodations that you believe may assist please share them here (ie: needs a quiet work environment)
<b>Concentration, persistence and pace</b>			
<input type="checkbox"/> concentration/attention	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> short-term memory	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> attention to detail	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> learning new material	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> working at a normal pace	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> stamina/endurance	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<b>Social functioning</b>			
<input type="checkbox"/> regulating emotions	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> working collaboratively/cooperatively	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> managing specific social situations (meetings, public speaking, teaching, etc.)	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> receiving supervision	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> providing supervision	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> maintaining boundaries	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	

## 2 Attending Physician Statement (continued)

Resilience to change, stress and complex situations			
<input type="checkbox"/> managing emotional/confrontational situations	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> tolerance of distracting stimuli	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> adaptability/flexibility	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> deadlines/time pressures	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> multi-tasking	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> decision-making	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> problem solving/analyzing	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> responsibility/accountability	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> organizing/planning	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
Activities of daily living			
<input type="checkbox"/> self-care and hygiene	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> sleep	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> verbal communication	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> other – specify: _____	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	

Duration of limitations or restrictions From  to

Able to return to regular duties

Requires an accommodation from  to

**2 Attending Physician Statement (continued)**

**2 Physical work limitation or restriction**

Areas of difficulty: please only check areas in which your patient is experiencing difficulties with physical work limitations and restrictions	Limitation or restriction	Severity of the impairment (select one: Mild, Moderate or Severe)	If there are specific workplace accommodations that you believe would assist please share them here (ie: ability to take scheduled micro breaks)
Physical			
<input type="checkbox"/> walking _____ mins at a time	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> walking on uneven terrain/uphill	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> sitting _____ mins at a time	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> standing _____ mins at a time	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> twisting/turning	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> bending/stooping	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> kneeling/squatting	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> balancing	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> climbing stairs	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> climbing ladders	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> lifting/carrying wt exceeding _____ lbs	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> pushing/pulling wt exceeding _____ lbs	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> reaching above shoulder height	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> reaching forward	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> gripping/grasping	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> working at heights	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	

## 2 Attending Physician Statement (continued)

<input type="checkbox"/> operating machinery/vehicles	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> vision	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> speech	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> hearing	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> typing/writing	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> screen time	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> mousing	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> overall body fatigue	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
<input type="checkbox"/> other – specify: _____	<input type="checkbox"/> limitation <input type="checkbox"/> restriction	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	

Duration of limitations or restrictions From  to

Able to return to regular duties

to

Requires an accommodation from

### Attending physician's acknowledgement

I acknowledge that the information in this statement will be kept in an Accommodation Services file with Sun Life and may be disclosed to the patient and/or those authorized by him/her unless I notify you in writing that there is a significant likelihood that such disclosure would result in a substantial adverse effect on the health of the patient or in harm to a third party.

Last name of attending physician (please print)		First name		Certified specialist		Physician's stamp
Address (street number and name)				Apartment or suite		
City				Province	Postal code	
Telephone number			Fax number			
Physician's signature X						Date signed (dd-mm-yyyy)

**Note: Your patient is responsible for any charge made for the completion of this form**