

TO THE EXAMINING/TREATMENT PHYSICIAN:

BCIT wishes to work with employees' physicians in the same context as that addressed in the "CMA Policy Summary on the Physician's Role in Helping Patients Return to Work After an Illness or Injury" - Reprinted from, by permission of the publisher, CMAJ, 1997; 156 (5), pp.680A-F which stated:

"The physician's role is to diagnose and treat the illness or injury, to advise and support the patient, to provide and communicate appropriate information to the patient and the employer and to work closely with other involved health care professionals to facilitate the patient's safe and timely return to the most productive employment possible. Carrying out this role requires physicians to understand the patient's roles in the family and the workplace. It requires physicians to recognize and support the employee-employer relationship and the primary importance of this relationship in the return to work. Finally, it requires physicians to have a good understanding of the potential roles of other health care professionals and employment personnel in assisting and promoting the return to work."

In order that we avoid risk of an aggravation or re-injury, we require your assistance in the following:

- reviewing the attached job description (if applicable) and discussing it in detail with your patient
- completing the reverse side of this letter outlining the medical restrictions you feel are necessary
- suggesting possible work site modifications

When you have completed this form, and can forecast an appropriate date for return to work, we will begin the work site re-integration program.

We would appreciate your guidance in outlining the number of hours per day/week that you would view to be reasonable for the first week, and in the subsequent weeks, until a full return is achieved.

Should you have any questions or wish to discuss the details of the work this person will be returning to, please feel free to contact the manager/supervisor listed at the bottom of the reverse side of this form.

Thank you for your co-operation and assistance in helping us to meet our employee's rehabilitative needs.

