

MEDICAL CERTIFICATION OF HEALTH STATUS

BACKGROUND

Certification is a formal declaration of a fact or state. A certification given by a physician as to the state of a person's health is regarded as a professional act, and requires honesty and integrity.

A certification issued by a physician as to the state of an individual's health may have very significant implications. For example, a certification may:

- impinge on the rights or freedoms of an individual (e.g. certifications pursuant to *The Mental Health Act*);
- create financial obligations (e.g. disability insurance, worker's compensation or sickness certificates¹);
- affect the safety or security of others (e.g. helmet and seatbelt exemptions or certifications pursuant to *The Highway Traffic Act*).

In making a decision, third parties, such as employers and insurers, rely upon the information provided by physicians in certifications. In so doing, they may incur financial liability for items such as sick leave or disability coverage or legal liability for issues such as employment status. Physicians should realize that misinformation, or unfounded opinions in certifications may result in third parties who have relied on the physician's representations advancing claims for damages against the physician.

Physicians must also be mindful of the scope of the consent provided by the patient. The information being requested is personal health information. It is, therefore, subject to *The Personal Health Information Act*.

SCOPE

This Statement applies to all certifications completed by physicians respecting the state of a patient's health.

OBLIGATIONS

When providing a certification, a physician must:

- Ensure that there is consent from the patient to provide information to a third party.
- Limit the information provided to that covered by the patient's consent

¹ A sickness certificate is a document provided by the physician at the request of the patient to provide to the patient's employer and/or insurer specific information to verify the patient's illness/injury. A sickness certificate is to be differentiated from a request from an occupational medicine colleague who requires personal health information respecting a patient/employee to support and protect the patient/employee or other employees in employment situations where health, safety and management problems may present increased risk.

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- Limit information to that specifically required by the third party within the scope of the patient's consent.
- Ensure that all statements made are accurate and based upon current clinical information about the patient.
- Limit the statements to the time period with respect to which the physician has personal knowledge. A physician must not state that the patient has been under the physician's care for a particular time period unless that is a fact.
- When providing a sickness certificate, avoid diagnostic terms. Information provided may indicate:
 - Prognosis relative to the work situation
 - Activity limits and ability limits
 - Risk factors (to the patient and to others)
- When providing a sickness certificate on the basis of a history provided by telephone or following an office visit where clinical evidence of the illness does not continue to be evident, specifically say so in the sickness certificate. A physician must not imply that the physician has evidence of an actual diagnosis if the information is restricted to history or examination that is non-contributory.
- When providing a sickness certificate, have accurate information about the requirements of the patient's job before giving an opinion on fitness to work.

A physician who gives a certification containing a statement which the physician knows or ought to know is untrue, misleading or otherwise improper, commits an act of professional misconduct.

The following format is suggested when a simple sickness certificate is required for a minor illness:

SICKNESS CERTIFICATE

Patient Name _____

1. Fitness to Work

I confirm that the above is fit to return to work.

· Yes_____ · No

If no, I estimate the return to work by _____

2. Illness (*complete this section **only** with specific consent of patient*)

On the basis of my review, I conclude that the patient was ill during the time noted above.

· Yes_____ · No

Check only the statement(s) which apply:

_____ Review includes Patient History

_____ Review includes Examination

_____ Objective Evidence Confirmed (signs or investigational data)

3. Duration of Absence, According to the Patient From _____ To _____ Inclusive

Name of Physician _____
(print)

Physician's Signature _____

Date _____

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A statement is a formal position of the College with which members shall comply.