

# VIRTUAL MEDICAL DIRECTOR Employer Case Initiation Form



457 Lakeshore Drive, Dorval, QC, H9S 2A9  
P 1.877.37.EXTRA (373.9872)  
F 514.526.4521, E [advocate@medextra.com](mailto:advocate@medextra.com)  
W <https://medextra.com/portal/>

Date \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

Age / DoB \_\_\_\_\_

Employee since \_\_\_\_\_

Occupation \_\_\_\_\_

Years in current position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## PRESENT WORK STATUS

<b>At work</b>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Work from home <input type="checkbox"/>	Work in office <input type="checkbox"/>	Hybrid work <input type="checkbox"/>
<b>Limitations</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, kindly provide modified work description		
<b>Progressive RTW schedule</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, kindly provide modified schedule		
<b>Type of absence</b>	Workplace Accident <input type="checkbox"/>		Personal Sickness <input type="checkbox"/>		Hospitalization <input type="checkbox"/>
<b>Last day worked</b>					
<b>Disability Status</b>	LTD <input type="checkbox"/>	STD <input type="checkbox"/>	EI <input type="checkbox"/>	Pending <input type="checkbox"/>	Not yet applied <input type="checkbox"/>

**WORK PERFORMANCE:** How would you describe the latest performance review?

Above Average

Average

Below Average

**Has there recently been a workplace conflict?** No  Yes

**If yes, please provide a brief description.**

## OBJECTIVE CASE OVERVIEW

**MANDATE:** What do you want from MedExtra? What are your expectations?

### Please attach:

- Job description
- Medical certificates ("doctor's note")
- Attendance record
- Attending Physician Statements

# VIRTUAL MEDICAL DIRECTOR Employee Authorization

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**LOCATION OF MEDICAL RECORDS /  
NAME AND COORDINATES OF PHYSICIANS:**

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<b>NAME</b>	
<b>ADDRESS</b>	
<b>DATE OF BIRTH</b>	
<b>MEDICARE CARD #</b>	

MedExtra’s role in the provision of the Medical Director Program is to clarify and understand your condition, and to evaluate the potential impact this health event has on your fitness for work and for return-to-work planning. Information regarding diagnosis and treatment will not be transmitted to your employer.

### INFORMATION RELEASE

I, the undersigned, consent to oral, written and electronic communication and information exchange regarding my personal information and health condition between MedExtra and any health care practitioners or licensed physicians which have records or reports related to my current absenteeism/health/rehabilitation, and any independent evaluators, service providers, agents and consultants working with MedExtra, including my long-term disability benefit payer.

The purpose of this consent, and the exchange of information, is to assess the prognosis for return to work, my disabilities, capabilities and limitations regarding return to work, and any workplace accommodations.

This consent pertains to the current referral to MedExtra for services and may include the results of consultations or assessments obtained during the time I have been absent from work. MedExtra may use the services of an independent evaluator or service provider to assist with this determination.

I, the undersigned, hereby authorize and direct you to furnish MedExtra with all the information, opinions and reports that they may request from you, as necessary, including copies of my files, medical charts, reports and test results and all other documentation relating to me. As well, your full co-operation with MedExtra is respectfully requested.

*A photocopy or facsimile of this authorization shall be as valid as the original. This consent is valid for the purposes set out herein. It may be withdrawn at any time with written notification to MedExtra.*

<b>Signed on (Date):</b>	<b>at (City):</b>
<b>By (Print name):</b>	
<b>Signature:</b>	