

**CONFIDENTIAL MEDICAL ABSENCE CERTIFICATION FORM**  
**DOCUMENTATION REQUIRED FOR WAGE CONTINUATION BENEFIT**

Name of Employee (please print): \_\_\_\_\_

Name of Physician/Practitioner (please print) : \_\_\_\_\_

**Please reference the following physical demands in evaluating patient ability to perform regular or restricted duties:**

*While performing the duties of the job, the employee may be regularly required to stand, walk or sit for extended periods of time; use hand and fingers to handle or feel; reach with hands and arms; climb or balance; stoop, kneel, crouch, or crawl; talk and hear; regularly lift and/or move up to 20 - 50 pounds. Employee may be exposed to moving mechanical parts; high precarious places; fumes or airborne particles, toxic or caustic chemicals, outside weather conditions, vibration and loud noise levels. Job requires a minimum eleven hour shift, with a 1.5 hour commute at both ends of shift.*

**Health Care Provider: Please complete Section 1 AND Section 2, 3 or 4 as appropriate.**

**Section 1- Specific Diagnosis / Medical Reason for Absence**

If employee is unable to perform any duties or is restricted to light duty, please provide a **specific diagnosis / medical reason** for restriction:

**AND**

**Section 2- Release from Duty**

Employee is medically unable to perform any duties above from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_ and: \_\_\_ thereafter, released to work without restriction.  
(If more than three missed shifts, must be reevaluated prior to release to work.)  
\_\_\_ will be re-evaluated on \_\_\_/\_\_\_/\_\_\_.

**Section 3- Release to Light Duty**

Employee is medically able to perform light duty work from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_ and : \_\_\_ thereafter, released to work without restriction.  
\_\_\_ will be re-evaluated on \_\_\_/\_\_\_/\_\_\_.

Please state specific restrictions, referencing job description above:

**Section 4- Release to Full Duty**

Employee is released to full duty with no medical restriction \_\_\_/\_\_\_/\_\_\_.

Physician/Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

I hereby authorize release of medical information to Hecla Greens Creek Mining Company.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Wage Continuation/ Short Term Disability

### ***Employee Responsibilities:***

- Employee informs supervisor, with as much advance notice as possible and in accordance with the attendance policy, of need for leave due to non-work related illness or injury.
- Employee has Health Care Provider (HCP) complete Confidential Medical Certification Form (CMCF), available outside HR office or online at [http://www.greencreek.com/pdfwebfiles/Wage\\_Cont.pdf](http://www.greencreek.com/pdfwebfiles/Wage_Cont.pdf)
- Employee ensures form is completed correctly and submits directly to HR, as soon as possible, but no later than next shift worked. Benefit will not be approved without documentation.

### ***Things to Remember!***

- The form must be completed correctly and it is the employee's responsibility to ensure the information required is provided by the HCP.
  - **Section 1 – Specific Diagnosis** = Completed by HCP with a diagnosis or medical reason for restriction from work.
  - **Section 2 – Release from Duty** = Completed by HCP if employee is determined to be medically unable to perform duties for a period of time. The “from” and “through” dates should be input, as well as checking either the “thereafter released without restriction” or “will be reevaluated” boxes. If more than three scheduled shifts are missed, another CMCF must be completed by the HCP releasing the employee to duty.
  - **Section 3 – Release to Light Duty** = The same information completed as in Section 2, as well as the specific restrictions. If released to light duty, **before** returning to work, the form has to be provided to HR and return to shift approved.
  - **Section 4 – Release to Full Duty** = Completed by HCP when employee is released to full duty.
- Once completed correctly and received by HR, the form serves several important purposes:
  - Documents need for short term disability benefit and indicates timeframes.
  - Documents medical certification of inability to perform duties (excused absence under the attendance policy).
  - Provides information about specific work restrictions.
- If the correctly completed form is not received by HR in a timely fashion, the absence will be recorded as appropriate under the attendance policy and consequences will be incurred if applicable.
- **It is the employee's responsibility to ensure the correctly completed form is received by HR in a timely fashion.**