



Medical Disposition Note

Facility providing care				Current date (yyyy-mm-dd)				
SN	Surname		First name		Rank			
MOS ID	Unit							
CF component <input type="checkbox"/> Regular <input type="checkbox"/> Reserve	V	CV	H	G	O	A	U	Date recommended (yyyy-mm-dd)
Sick leave:		Days	Excused duty:		Days (2 max)			
Next medical due (yyyy-mm-dd)		Reassessment date (yyyy-mm-dd)						
Initial visit	F/U visit		Recurrence			Time in	Time out	

(See reverse for Instructions)

Bradma Card
or
Patient Sticker

FIT - Full duties Grounded / Unfit diving: _____ days Review by date (yyyy-mm-dd): _____ Modified Duties: _____ (max. 30 days)

Temporary category (months): 3 6 12 Permanent category recommendation: pending D MED POL +/- AUMB review

Estimated time until FIT - Full duties: _____ (If > 6 months, UNIT may consider SPHL)

Geographic employment limitations

1. Requires medical follow-up every _____ week(s) _____ month(s) or immediately if suffers a crisis related to the medical problem.
This follow-up must be done locally, or at other locations (review with MO). (see Additional details section)

2. To avoid known specific agents that may provoke a medical crisis. To carry self-administered medication at all times.

Occupational employment limitations

3. May do unit PT self-directed PT professionally directed PT no PT (see Additional details section)
4. Can perform Force Evaluation test without any limitations step test instead of shuttle no Force Evaluation test (see Additional details section)
5. Should avoid contact sports high impact activities running
6. Requires rest every _____ minutes and/or the opportunity to change physical position.
7. Should avoid _____ (activity) on a daily basis as this may aggravate the chronic medical problem.
8. Unable to do repetitive tasks with the _____ (body part) for more than _____ minutes.
9. Unable to lift greater than _____ kg and/or repetitively and/or overhead.
10. Unable to tolerate shift work (but can tolerate full-time hours) or irregularly scheduled meals.
11. May work _____ hours per day _____ day(s) per week.
12. Unable to tolerate drill and parades.
13. Sedentary and light physical tasks only.
14. Not to drive DND vehicles.
15. Unable to remain alert/vigilant.
16. Unable to supervise personnel.
17. Flexibility in work schedule is required.
18. Unable to safely work in specific environments (i.e., on unstable platforms, at heights, with hazardous equipment) where sudden incapacitation may result in a risk of significant injury to self or others.
19. Unable to wear personal protective equipment (specify type) _____
20. OTHER (including modified aircrew activities, unfit diving, unfit weapons handling, etc. - see Additional details section)

Additional details:

Clinician name	CDU No.	Telephone	Date (yyyy-mm-dd)	Clinician signature
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Copy to be scanned to CFHIS

Formulaire disponible en français - CF 2018-F

Guidance and Instructions for Completing the Medical Disposition Note (CF 2018-E)

Clinician's responsibilities

1. Provide accurate and complete limitation(s) and prognosis information, which units require, while protecting private health information.
2. Where additional details are needed, write comments in the "Additional details" section. Local templates for common or unique medical employment limitation scenarios may be annotated in this section.
3. Verify that the clinician's signature and the appropriate CDU phone number are included on the form.
4. Ensure that no Protected B Private Health Information, such as a diagnosis, is provided anywhere on this form. This includes the name of the specific institution or treatment facility/clinic or of a specific clinician/specialist if it would reveal the specific diagnosis.
5. Scan a copy of this form into the member's medical record on CFHIS.

Member's Responsibilities

1. Provide a copy of this form to your unit immediately following your visit to the clinic. When your unit agrees, provision of a copy to your unit may occur at a later time. Your supervisors are entitled to know your current medical employment limitations and your expected progress. The sharing of any further information regarding your health condition is solely at your discretion.
2. Retain a copy of this form for your personal reference.
3. Comply with the agreed upon clinical course of action, along with timely follow-up and reassessment instructions, as advised by your clinic's staff.
4. Where a temporary medical category is assigned by your clinician, book a follow-up appointment within 30 days prior to the expiry date of the temporary medical category to review your medical employment limitations and prognosis. Clerks from your CDU can provide you with advice about booking another appointment.
5. If your periodic health assessment or PHA (*commonly known as a "medical"*) is due, or if other appointments are required, book them as instructed by clinic staff.
6. If unsure of any healthcare or administrative issues regarding your health condition, it is important to seek appropriate guidance and clarification from your healthcare provider to optimize your health outcome.

Member's unit's responsibilities

1. To initiate a CF 98 Report of Injuries, Disease or Illness when indicated for possible duty-related injury or illness and advise the General Safety Officer (GSO).
2. Where required, the unit will clarify the contents of this form with the clinic IAW CANFORGEN 128/03 ADMHRMIL 061 241824Z OCT 03, CDS DIRECTION TO THE CHAIN OF COMMAND REGARDING MEDICAL CARE PRESCRIBED AND MEDICAL EMPLOYMENT LIMITATIONS BY MEDICAL STAFF TO CF MEMBERS.