

## Medical Disposition Note

Facility providing care				Current date (yyyy-mm-dd)			
SN	Surname		First name		Rank		
MOS ID	Unit						
CF component	V	CV	H	G	O	A	U
<input type="checkbox"/> Regular							
<input type="checkbox"/> Reserve							
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	

(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.