

Supplemental Information Form for Safety Footwear

Dear Employee,

Employee Health and Rehabilitation (EH&R) has been advised that you are requesting a Safety Footwear accommodation for medical reasons. In order for EH&R to respond to your request, additional medical information from your doctor/specialist is required. Please have your doctor/specialist complete **Section B and C** of this form. **Return the completed form by mail or fax directly to:**

**Employee Health and Rehabilitation
 City Hall, Lower Level East
 100 Queen Street West
 Toronto ON M5H 2N2
 Fax # (416) 696-4164**

Only completed forms will be reviewed by EH&R. You may be asked for additional medical clarification and/or to attend an assessment with the City's Occupational Health Physician and/or Consultant Physiotherapist. Recommendations regarding your request for Safety Footwear accommodation will be provided to you and your supervisor.

If you have any questions about this process or require further clarification, please contact EH&R at **416-392-7330**.

Section A: Employee Information (PLEASE PRINT): *(To Be Completed by Supervisor)*

Last Name:		First Name:		Employee Number:	
Home Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code)					
Date of Birth:			Home Telephone Number:		
Work Telephone Number:			Division and Unit:		
Base Position:			Work Location:		
Supervisor or Manager's Name:			Supervisor or Manager's Phone Number:		

Section B: To the Physician (PLEASE PRINT):

This employee is required to wear safety footwear at work in accordance with the requirements of the Ontario Occupational Health and Safety Act. The employee has reported that they are unable to wear the standard safety footwear issued and have requested consideration for alternative type of footwear for medical reasons.

Diagnosis:
Description of Impairment: (Provide details including symptoms and clinical findings)
Severity of Impairment: (Please indicate Mild, Moderate or Severe)
Current Treatment Plan:
Has your patient been assessed by a specialist such as a Podiatrist, Chiropodist or Orthopedic? (If yes, please attach consultation note)

Section C: Health Professionals Information (PLEASE PRINT):

Last Name, First Name:		Position / Title:	
Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code):			
Telephone Number:	Health Professionals Signature:	Today's Date:	

Human Resources collects personal information on this form under the legal authority of the City of Toronto Act 2006, S.O. 2006, Chapter 11, Schedule A, s. 136 (c), the Workplace Safety and Insurance Act, 1997, S.O. 1997, Chapter 16, Schedule A, s 40(1-2). The information is used to administer the accommodation process. Questions about this collection can be directed to the Employee Health & Rehabilitation Manager, Human Resources, City Hall, 100 Queen St. West, Lower Level East, Toronto, Ontario M5H 2N2 or by telephone at 416-392-7330.