

MEDICAL CERTIFICATE
FOR EMPLOYMENT INSURANCE (EI) SICKNESS BENEFITS**SECTION 1** The Claimant must complete this Section to authorize the release of the information requested in Section (2) to the Insurer.

Social Insurance Number

Date of Birth (YYYY-MM-DD)

Last Name

First Name

Initials

Full Postal Address

Number and Street, Concession, Other		Apt. No.
City or Town		
Province/Territory	Postal Code	

Telephone Number

I hereby authorize the release of all information related to my present illness and/or my pregnancy to the Insurer and to the insurer's medical examiner. Any charge for providing this information is my personal responsibility.

Signature of Claimant, Representative or Next of Kin

Date (YYYY-MM-DD)

The personal information collected is administered in accordance with the *Department of Employment and Social Development Act* and the *Privacy Act*. Individuals have the right to the protection of and access to their personal information. Information will be retained for 6 years after the last administrative action, as described in Personal Information Bank ESDC PPU 150. Instructions for obtaining this information are outlined in the government publication entitled "[Info Source](http://canada.ca/infosource-ESDC)", which is available at the following address: <http://canada.ca/infosource-ESDC>. [Info Source](http://canada.ca/infosource-ESDC) may also be accessed online at any Service Canada Centre.

SECTION 2 Must be completed by a **Medical Doctor** or other health practitioner acceptable to the Commission.**PREGNANCY**

What is the expected date of confinement?

Date (YYYY-MM-DD)

Date (YYYY-MM-DD)

What was the actual date of confinement?

INCAPACITY

Date on which the above patient became unable to work due to their medical condition.

Date (YYYY-MM-DD)

In my opinion, the above patient is incapable of working until:

Date (YYYY-MM-DD)

Comments:

Name of Medical Doctor (Print)

Speciality

Telephone Number

Address

Signature of Medical Doctor

Date (YYYY-MM-DD)

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada

GIVE THE COMPLETED FORM TO THE PATIENT
DISPONIBLE EN FRANÇAIS - INS 5140 F