



Change in Medical Status (FAX 866-338-6630)

To be completed by the employee if medical status has changed since the last medical clearance or HSQ. This includes any new conditions, or worsening existing conditions.

(Employee complete as applicable)

Employee Name and Date of Birth: _____

Home Unit/Forest: _____

Date of change: _____

New medical diagnosis: _____

If an injury, please briefly explain what happened and note if entered in eSafety:

New medication/s or increase in medication dosage (medication name only needed, please list):

Medications stopped: _____

If off work or on modified duty, date expected to return to full duty: _____

If on modified duty, what are your restrictions (if you have a document with restriction, please send a copy instead): _____

