Employment and Social Development Canada | Emploi et Développement social Canada

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PROTECTED WHEN COMPLETED - B

SCHEDULE H
Temporary Foreign Worker Program
MEDICAL DISABILITY, CHRONIC, OR TERMINAL ILLNESS CERTIFICATE

Part A – Certification of Medical Disability, Chronic or Terminal Illness

I, ______________________________, hereby certify that
Full name of physician (please print)

______________________________, is currently experiencing a disability, chronic or
Full name of patient (please print)

terminal illness or other severe and prolonged physical and/or cognitive impairment that prevents him/her from attending to his/her normal daily activities/work.

______________________________ ______________
Signature of physician Date (YYYY-MM-DD)

Part B – Requirements for Live-in Care

I, ______________________________, am of the professional opinion, that as a result of
Full name of physician (please print)

the medical condition and on-going care needs of ______________________________,
Full name of patient (please print)

certified in Part A, there is a requirement for access to a live-in caregiver, an employee who lives and works, providing personal care in the patient's private residence.

______________________________ ______________
Signature of physician Date (YYYY-MM-DD)

Physician Information - Mandatory
Full name (please print)
Identification number
Province of Physician's Registration
Office Information
Number / Street / PO Box #
City
Province / Territory
Postal Code
Telephone number with area code