



Maintenance of Employment Ties or Temporary Work Assignment Certificate (MTA)

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In accordance with Article 179 of the Act respecting Industrial Accidents and Occupational Diseases

The employer of a worker who has suffered an employment injury may temporarily assign work to him or her until he or she is again able to carry on his or her employment or until he or she becomes able to carry on suitable employment, even if his or her injury has not consolidated, if the physician in charge of the worker believes that:

- ♦ the worker is reasonably fit to perform the work
- ♦ that the work, despite the worker's injury, does not endanger his or her health, safety or physical well-being; and
- ♦ that the work is beneficial to the worker's rehabilitation..

The doctor's signature on this form indicates that the temporary assignment respects the three 3 requirements.

Worker's name: _____ **School:** _____

EVALUATION OF THE ATTENDING PHYSICIAN

Following a medical evaluation of the above-mentioned individual, it is my opinion that:

the individual may return to his or her regular work as of : _____
(effective date)

the individual may resume his or her regular tasks, but should avoid:

- | | |
|--|---|
| <input type="checkbox"/> working in a sitting position | <input type="checkbox"/> remaining in a static position |
| <input type="checkbox"/> lifting weights of more than _____ kg | <input type="checkbox"/> working with a ladder, stepladder, stroller body, etc. |
| <input type="checkbox"/> twisting repeatedly | <input type="checkbox"/> bending over frequently |
| <input type="checkbox"/> making an excessive physical effort | <input type="checkbox"/> supporting, pushing, pulling weight |
| <input type="checkbox"/> walking or standing continuously | <input type="checkbox"/> performing repeated movements |
| <input type="checkbox"/> working with oils, solvents and other chemical products | |
| <input type="checkbox"/> Other: | |

the individual cannot return to his or her regular duties; however, I agree that the individual be temporarily assigned to the following adapted work:

- | | |
|--|---|
| <input type="checkbox"/> supervision, surveillance | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Preparation | <input type="checkbox"/> Supervision of exams |
| <input type="checkbox"/> Tutoring/resource | <input type="checkbox"/> other : _____ |

the individual must be immediately removed from work and I agree to be contacted to validate the reason of my refusal for the proposed temporary work assignment.

Next visit: _____ Physician's signature: _____

Telephone: _____ Corporation number: _____

Fax: _____ Date: _____

The time for filling out the temporary work assignment form is chargeable to the RAMQ, code #9971.