



University of Lethbridge – Managed Care Program – Travel Upgrades

(To be completed by attending physician)

The University of Lethbridge’s Managed Care program is designed to help employees remain at work or return to work safely. When completing this form, disclose only information necessary to meet the purpose of the form. This information is being collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP), will be used for the purpose of determining your fitness to travel for work purposes, and is protected by the privacy provisions of FOIP.

Physician’s name and address (typewritten or printed)

I saw _____ on _____
(Print patient’s name) (Date)

Please describe any and all limitations which would affect the ability of this individual to travel economy class and/or the accommodations necessary for travel due to medical conditions:

Please identify specifically why this individual requires a travel accommodation from a medical perspective:

Please describe the impact on this individual’s health in the event travel accommodations are not an option:

Please provide any additional information you feel would be beneficial to support this request for travel accommodations:

My opinion is based on the factors indicated below:

- Information provided by the patient
- My examination of the patient and my assessment of the findings and health information

I have provided this form to the patient named above.

(Physician’s signature) (Date)

NOTE: If there is a fee for completing this form, your physician can send an invoice to U of L Wellness and Recognition, Attn: Manager, Wellness and Recognition, 4401 University Dr. Lethbridge, AB T1K 3M4 or fax to (403)-329-2685.