

## MEDICAL FORM

### For reduction of CPD Reporting and/or Annual Member Dues

Please indicate the relief being sought:

CPD Reporting                     
  Annual Member Dues                     
  CPD Reporting and Annual Member Dues

MEMBER: Please fill in the top portion of the form and ask your physician to complete the remainder. For the protection of your privacy, please do not email the completed form to us. Members can upload the completed medical form using CPABC's secure upload portal. To receive access to the secure portal, please email [membershipdues@bccpa.ca](mailto:membershipdues@bccpa.ca). Alternatively, the form may be faxed to 604 235.3316 or mailed to the address noted above.

\_\_\_\_\_  
Surname (*please print clearly*)

\_\_\_\_\_  
First and Middle names

\_\_\_\_\_  
Member ID #

PHYSICIAN TO COMPLETE THE FOLLOWING FOR THE ABOVE-NOTED CPABC MEMBER:

Does the member, in your professional opinion, suffer from an illness or condition that is sufficiently severe that it affects the member's ability to work?                       YES                       NO

When was the member first seen regarding this illness/condition? \_\_\_\_\_

Describe the impact of this illness/condition on the member's ability to work this calendar year: \_\_\_\_\_

\_\_\_\_\_

If there is/was a period of time when the member is/was unable to work, please provide the range of dates (for each period). \_\_\_\_\_

\_\_\_\_\_

Is the member able to work now?     Yes                       No                      If yes, can the member work:     PT                       FT

Do you anticipate that the member's ability to work will be affected on a continuing basis, and if so, for how long?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Name – (*please print clearly*)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Telephone #

\_\_\_\_\_  
Registration #

The information on this form is collected by CPABC under the authority of the Freedom of Information and Protection of Privacy Act [RSBC 1996] and will be used for the purposes of monitoring and enforcing compliance with the Continuing Professional Development Program, processing member dues reduction and exemption requests, and administering and regulating your membership with CPABC. Should you have any questions about the collection or use of your personal information, please contact the Associate Director, Membership Registration at 800-555 West Hastings Street, Vancouver, BC, 604 872.7222, [members@bccpa.ca](mailto:members@bccpa.ca).