

## MEDICAL FORM CPD and/or DUES REDUCTION

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 completed form to us. Please send by fax to 604 235.3316 or mail to the address noted above to the attention of: Membership Registration Department

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

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

\_\_\_\_\_  
CPA 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

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

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

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

*Information on this form is used solely to determine eligibility for a reduction of member dues and/or CPD requirements. All information is kept strictly confidential.*

*The information on this form is collected by CPABC under the authority of the CPA Act [SBC 2015] and the Freedom of Information and Protection of Privacy Act [RSBC 1996] for the purpose of assessing eligibility for continuing professional development and member dues reductions. Should you have any questions about the collection of this information, please contact the Membership Regulation Department at 800-555 West Hastings Street, Vancouver, BC or 604 872.7222.*