



TAMILNADU MEDICAL COUNCIL
ADVISORY NO. 16
LEAVE CERTIFICATE ON MEDICAL GROUNDS

Medical Certificate is issued to claim permission for leave at work/ Educational institution / In Court appearance, when such absence from work is essential for treatment or recovery of the patients who are under treatment.

These Certificates are :

Given for periods of absence when the patient was in treatment as in-patient or out-patient and the absence is essentially needed for treatment purpose.

Many patients on treatment for Systemic Hypertension, Diabetes Mellitus etc don't need leave, unless the RMP recommends for it.

MC can be given by the RMPs only for the patient under their treatment.

In all cases of recommendation for leave, the nature of work and its relation to diagnosis should be considered.

In certain occasions the RMPs can endorse the treatment records of a patient who has been treated by other RMPs after thorough scrutiny of medical records and clinical examination and self declaration by the patient as in medical board, authorised medical attendant, govt doctors. In such cases the endorsing RMP shall specifically state that the certificate was an endorsement of the treatment taken elsewhere and was issued based on the declaration of the patient and the list of medical records produced. RMP shall issue such endorsement certificate only if it is needed under his official capacity. Such endorsements to be done only if the RMP is convinced of the genuinity of the treatment and records.

RMPs shall not issue certificate for patients treated at different RMP or Institution, Govt or Private. In case some certificate in private institution need to be endorsed by Govt doctor or board; s/he shall do it only if officially ordered.

Guidelines for Recommendation of leave period:

I. Diagnosis Made:

(i) Acute Minor illness – like Abrasions, URI / Viral fever / LBP/APD:
The RMP shall recommend leave upto 5 days in the first spell.

After review, s/he shall issue extension in multiple spells with upto 5 days. In case if the clinical condition goes for complications or the diagnosis is revised based on clinical findings and investigations the recommendation shall be given for longer period based on provisional/ diagnosis in multiples of 5 days.

(ii) Chronic Illness like Low backache, Diabetes Mellitus, Hypertension, etc):

The RMP shall do essential investigations or based on recent investigations shall come at a Diagnosis and recommend leave in multiples of 5 days, considering the nature of the work and condition of the patient.

iii. Acute Major illness: (like Acute Coronary syndrome, fracture of bone, major injury, Tuberculosis / Leprosy)

Confirming the diagnosis the RMPs shall issue certificate for leave upto six weeks in first spell. All these certificates shall be supported with essential investigation reports.

II. Diagnosis Not Made:

(With Major symptoms like Chest pain, Difficulty in breathing, abdomen pain, swelling, etc.)

The RMP shall recommend leave upto 5 days, subsequently review with investigations and based on clinical condition, shall give extension of leave.

General:

In general, relevant investigation reports and medical records to be mentioned and attached attested by RMP with the certificate.

Periodical review and assessment shall be done by RMP before recommending extension of leave, supported by investigation reports, wherever applicable.

The certificate shall be issued in the prescribed format enclosed. Signature/ LTI and ID marks should be obtained from the patients.

RMPs shall retain all OP/ IP entries of the patient in all records prescribed under Tamil Nadu Clinical Establishment Act 2019 for a period of 5 years or whatever prescribed in the ACT.

A RMP shall issue certificate with designation and seal of the place of treating the patient, if the RMP is practising in more than one place. If a patient is seen in a private practice, the RMP shall not use Govt designation or seal. Private seal alone shall be used for patients seen in private practice.

Fitness to join duty after recovery from illness shall be given after examination of the patient a day before and fitness can be given. (Outpatient entries of the patient coming for review, in clinical/hospital records are to be retained for 5 years). However, commutation of leave after review and fitness can be given, if the RMPs opines so, after clinical examination, investigations and previous certificates

RMPs shall maintain a copy of all certificates issued for a period of 5 years.

Dr. R. Shanmugam
Registrar

Dr. K. Senthil
President

Date : 18.07.2022

MEDICAL CERTIFICATE FOR LEAVE / EXTENSION / COMMUTATION OF LEAVE

Signature of the Applicant: _____

I, Dr..... Registration No. after careful personal Examination of Mr./Mrs./Miss..... working as , whose signature is given above is suffering from based on clinical condition and investigation done as is given below and I consider that a period of absence from duty for with effect from to is absolutely necessary for the restoration of his / her health.

His / Her Patient OP / IP Number is _____ dated _____ as per OP/IP Register maintained under Tamil Nadu Clinical Establishment Act, 2019.

Identification Marks:

- 1)
- 2)

Clinical Features : (with period of illness in history)

Investigation Report:

(If enclosed, please tick)

- 1) Blood
- 2) Urine
- 3) ECG
- 4) X-ray
- 5) USG
- 6) CT / MRI
- 7) Others

(Signature of the RMP)

Seal

(Name, Registration No. Designation and Address)

Station :

Date :

CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Candidate _____

This is to certify that I, Dr.Registration No. the undersigned have examined Mr./Mrs./Miss. _____, whose signature is given above, working as _____ in the Institution _____ and have to come to the conclusion that he / she has recovered from his/her illness and is now physically fit to resume his / her duties / course with effect from _____

His / Her Patient OP / IP Number is _____ dated _____ as per OP/IP Register maintained under Tamil Nadu Clinical Establishment Act, 2019.

I also certify that before arriving at this decision, I have examined the original medical certificate and statements of the case (or certificate copies thereof) on which leave was granted or extended and have taken these into consideration in arriving of my decision.

Identification Marks:

- 1)
- 2)

(Signature of the RMP)

Seal

(Name, Registration No. Designation and Address)

Station :

Date :