



271 Frances St.
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Medical Cannabis Accommodation Form

Note to physician: This form will be used only to address and outline an individual's restrictions while using cannabis for medical purposes.

1. The information shared on this form will be kept private and confidential.
2. Please do not provide a diagnosis or any other related medical information.

Employee name: _____

I have reviewed this form and give you permission to supply North Huron Family Health Team with information related to my prescription here.

Employee signature:

Date:

Medical Assessment

Name of physician:

Based upon my diagnosis, this individual has been prescribed the use of medical cannabis to alleviate one or more of their symptoms. The use of the prescribed medication is required.

Job duty restrictions or limitations while using required medical cannabis:

Comments:

Signature of physician: _____

Date: _____

Name of physician: _____

(please print)

Medical office stamp

****Please return this completed and signed form by e-mail, mail or deliver to:**
Executive Director, 271 Frances Street, Wingham, ON N0G 2W0