Australian Government | Supporting Living Organ Donors Program

Extended Medical Leave Form

Note: This form must be completed only by a **transplant surgeon** or a **transplant coordinator**, for any additional medical leave required post 9 weeks.

To Whom It May Concern:

This is to certify that _____

was seen by me on ☐☐/☐☐/☐☐☐☐ and requires more than the standard 9 weeks total leave for work up, surgery and recovery available under the Program due to:

- ☐ Medical complications
- ☐ Extended work up period
- ☐ Self-isolation prior to surgery

The donor will undertake a gradual return to work from ☐☐/☐☐/☐☐☐☐

and/or will return to regular work duties from ☐☐/☐☐/☐☐☐☐.

Comments (if necessary):

- I understand that the donor has already received medical leave of up to 9 weeks.
- I understand that giving false or misleading information is a serious offence.

Name _____

Position/Organisation _____

Signature _____

Contact the Supporting Living Organ Donors Program if you require further information:
Email: livingorgandonation@health.gov.au or
Phone: (02) 6289 5055

This form is for the purpose of claiming under the Supporting Living Organ Donors Program only. It should not be used for other purposes.