**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](mailto: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.*