

Form 7-I

Verification of Sickness — Practitioner's Report

Teacher Provincial Collective Bargaining Agreement – Sick Leave (7.4.5.1)

The information provided will be used solely to verify the teacher's claim for sick leave.

Part 1: Teacher Identification and Authorization

LAST NAME

FIRST NAME

INITIAL

I hereby authorize the release of the information requested in Part 2 below to the relevant administrative personnel of the Board of Education of the _____ School Division to verify this claim for sick leave in accordance with the Provincial Collective Bargaining Agreement.

TEACHER'S SIGNATURE

DATE OF BIRTH (D/M/Y)

DATE (D/M/Y)

Part 2: Attending Practitioner's Statement to Verify Sickness

1. Date of consultation: _____(D/M/Y)
2. The above named teacher has been incapable of fulfilling teaching duties due to sickness:
 - a) from _____(D/M/Y) to _____(D/M/Y), **OR**
 - b) since _____(D/M/Y) **AND** will be incapable of fulfilling teaching duties:
 - (i) for less than 4 weeks until _____(D/M/Y); **OR**
 - (ii) until expected date of return _____(D/M/Y); **OR**
 - (iii) for at least: 4 weeks 6 weeks 3 months 6 months 12 months
3. Date of next medical review: _____(D/M/Y)
4. Has treatment been prescribed? Yes No

Physician's Signature: _____

Physician's Name and Address:
(please print or use stamp)

Date: _____

Telephone: _____

Costs associated with the completion of this form to be borne by the teacher.

Return the completed form to your employing school board.