

Christ the Teacher Catholic Schools

Form 7-1

Verification of Sickness – Practitioner’s Report

Provincial Collective Bargaining Agreement – Sick Leave (7.5.5.1)

The information provided will be used solely to verify the employee’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 Christ the Teacher Catholic School Division to verify this claim for sick leave.

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 employee has been incapable of fulfilling his/her 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 employee.

Christ the Teacher Catholic School Division #212

45A Palliser Way
YORKTON, SK S3N 4C5

Phone: (306) 783-8787 Fax: (306) 783-4992