Christ the Teacher Catholic Schools

Verification of Sickness (non-teaching employees) – Practitioner's Report

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

Part 1: Employee (non-teaching) 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:

_____

Date: _____

Telephone: _____

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

_____

_____

_____

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

Christ the Teacher Catholic School Division #212

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