

Administrative Procedure 411

MEDICAL EXAMINATIONS

Background:

The Division, in its commitment to provide the best possible educational services to the children in its schools, and realizing that the good health of all of its employees is essential to the provision of superior services, may at any time require medical examination of its employees, as provided for in this administrative procedure.

Procedures:

1. An employee who is absent due to illness for five (5) or more consecutive working days shall be required to submit a Verification of Sickness Form. All such absence due to illness shall be reported immediately to the Superintendent of Human Resources by the Principal or immediate supervisor. Teachers will be required to complete Form 7-1 Verification of Sickness – Practitioner’s Report and non-teaching staff will be required to complete Form 411 -1 Verification of Sickness – Practitioner’s Report. Employees are required to send their completed Verification of Sickness forms directly to the Human Resources Department and not to their immediate supervisor.
2. The direct supervisor may require an employee to produce a Verification of Sickness Form for absences less than five (5) as deemed necessary. This will be shared in a letter to the employee as outlined in the *LPSD Attendance Management Guidelines*.
3. The Division may require a medical certificate from an employee if it considers that the employee may not be in adequate physical or mental health to fully discharge his/her duties as specified in the applicable role description. Such action will be taken in full consideration of the Employee Assistance Program and Provincial Collective Bargaining Agreement.
4. Employees who suffer an incapacitating condition may be required to provide the Superintendent of Human Resources with a medical certificate from a qualified practitioner prior to their return to work certifying that they will be able to perform their duties; such statement may be referred to a Division appointed physician for advice, at Division expense.
5. The Division may authorize the appointment of a physician and advisors who shall be available to the school system as required, at Division expense.

6. The Superintendent of Human Resources is responsible for the monitoring of sick leave procedures and will provide such reports as may be required.
7. The request for documentation in support of an employee's absence may be made by the Superintendent of Human Resources or designate.
8. All employee medical information shall be retained in the employee's medical file as defined in the Provincial Collective Bargaining Agreement.

Reference:

Sections 85, 87, 108, 109 Education Act

Saskatchewan Employment Act

Local Authority Freedom of Information and Protection of Privacy Act

Provincial Collective Bargaining Agreement

Revised:

September 2015

Form 411 – 1
Non-Teaching Staff

Verification of Sickness — Practitioner’s Report

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

Part 1: Employee Identification and Authorization

LAST NAME

FIRST NAME

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.

EMPLOYEE’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 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 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:(please print): _____
Physician’s Address: _____
Telephone: _____
Date: _____

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

Return the completed form to your employing school board.

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

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 (please print): _____
Physician’s Address _____
Telephone: _____
Date: _____

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

Return the completed form to your employing school board.