

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.*

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**Part 1: Teacher Identification and Authorization**

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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.

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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.**