

Form 7-II

Second Opinion of Sickness – Qualified Medical Practitioner’s Report

Provincial Collective Bargaining Agreement – Sick Leave (7.5.5.3)

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

Part I: 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 Date Signed
(Day/Month/Year, e.g., 31 JAN 2000) (Day/Month/Year, e.g., 31 JAN 2000)

Part II: Board Appointed Qualified Medical Practitioner’s Statement to Verify Sickness

1. Date of consultation:
(Day/Month/Year, e.g., 31 JAN 2000)

2. The above-named teacher has been incapable of fulfilling teaching duties due to sickness:

(a) **from** **to** , **OR**
(Day/Month/Year, e.g., 31 JAN 2000) (Day/Month/Year, e.g., 31 JAN 2000)

(b) **since** **AND** will be incapable of fulfilling teaching duties:

(i) for less than 4 weeks until , **OR**
(Day/Month/Year, e.g., 31 JAN 2000)

(ii) until expected date of return , **OR**
(Day/Month/Year, e.g., 31 JAN 2000)

(iii) for at least: 4 weeks 6 weeks 3 months 6 months 12 months

3. Date of next medical review:
(Day/Month/Year, e.g., 31 JAN 2000)

4. Has treatment been prescribed? Yes No

Name of Qualified Medical Practitioner Phone

Address of Qualified Medical Practitioner

City/Town Province Postal Code

Signature of Qualified Medical Practitioner:
(Day/Month/Year, e.g., 31 JAN 2000)

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