



SCHOOL DISTRICT NO. 73 (KAMLOOPS/THOMPSON)

1383 Ninth Avenue Kamloops BC V2C 3X7

Phone: (250) 374-0679 • Fax: (250) 372-1183

Medical Certificate

Request for Sick Leave

To the Physician:

_____ has been asked to provide a Medical Certificate explaining the reasons for the need for sick leave from:

_____ to _____

Employee's Authorization for Release of Information

I, _____ hereby authorize my physician to complete this "Physician's Statement" and to release this Medical Certificate to my Employer. The guidelines of the College of Physicians and Surgeons are attached.

Employee's Signature: _____ Date: _____

Physician's Statement

Confirmation of Reasons for Leave

1. Following examination, I certify that the above mentioned person was unable to work on

_____ due to:

_____ [nature of illness]

2. This illness will prevent this person from working because:

3. I estimate that this person will be able to return to their assignment on: