



DOCTOR'S FROM (SB-2)

The following employee has applied for compensation benefits under the terms of the Union Sick Bank. In order for the Union to determine the merit of this claim, Would you please answer the following questions **(PLEASE PRINT)**:

Name of Employee: _____

1. **Nature of illness:** _____

2. **Expected date of return to work:** _____

3. **Is illness likely to last longer than thirty (30 days?)** Yes _____ No _____

4. **Is this a third party claim (ICBC, WCB, LTD., EI)?** Yes _____ No _____
 If yes, specify: _____

Doctor's Signature **Date**

Doctor's Name (Please Print), Address Phone#: _____

I authorize Doctor _____ to complete this form.

Employee's Signature **Date**