



International Brotherhood of Boilermakers

Iron Ship Builders • Blacksmiths • Forgers & Helpers

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 11055 - 48 Street S.E., Calgary, Alberta T2C 1G8 • Tel: 403-253-6976 • fax: 403-252-4187

Warren Fraleigh • Business Manager & Secretary-Treasurer

REQUEST FOR SICK RECEIPT

Date: _____

Member's Name: _____	S.I.N. _____
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SECTION A: TO BE COMPLETED BY ATTENDING PHYSICIAN

Diagnosis: _____

TO THE BEST OF MY KNOWLEDGE the patient has been **TOTALLY DISABLED** (unable to work):

FROM: (month) _____ (day) _____ (year) _____

TO: (month) _____ (day) _____ (year) _____
(Date patient is expected to be able to return to gainful employment.)

PHYSICIAN'S STAMP OR PHYSICIAN RX FORM "MUST" APPEAR HERE:

Physician's Signature: _____

ANY COSTS INCURRED TO COMPLETE THIS FORM IS THE RESPONSIBILITY OF THE PATIENT

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SECTION B: MUST BE COMPLETED AND SIGNED BY MEMBER

Is your injury/illness a result of your employment: YES NO

Are you receiving Workers Compensation Benefits: YES NO

I understand my dues will be covered ONLY FOR THE MONTHS INDICATED ON THIS FORM. I also understand I must inform the Union of any change of address and that failure to do so could result in my name being removed from the Sick List.

_____ Signature of Member	_____ Date
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UNION OFFICE USE ONLY

MPT			DA P T			SS		SI		XS	
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Long Term: _____						Inactive: _____					