



Physician's Report (Form # 1)

Return to:

Human Resources Division
The City of Corner Brook
P.O Box 1080
Corner Brook, NL, A2H 6E1
Phone: 637-1527, Confidential Fax 637-1543

The intent of this form is to validate that the employee is unavailable to report to work by reason of being sick, disabled, or attending an examination or treatment by a physician or dentist.

To be completed by the attending physician or dentist:

Patient's name: _____

Date of medical visit: _____
Day/month/year

Time of medical visit: _____
Hour/Minute

Duration of absence from work: _____
(days or ½ days)

*(The City of Corner Brook will require th3 **Physician's report (form #2)** to be completed after three (3) consecutive days of absence or four (4) cumulative days of absence from work due to medical reasons.)

Doctor's Signature