



INTERNATIONAL BROTHERHOOD OF BOILERMAKERS
IRON SHIP BUILDERS • BLACKSMITHS • FORGERS & HELPERS • LODGE 146

HUGH MACDONALD, BUSINESS MANAGER/SECRETARY TREASURER

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 11055 48 STREET SE CALGARY AB T2C 1G8

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REQUEST FOR SICK RECEIPT

Date:

Member's Name:

S.I.N.

SECTION A: TO BE COMPLETED BY ATTENDING PHYSICIAN

Diagnosis:

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

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

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

UNION OFFICE USE ONLY

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