



International Brotherhood of Boilermakers, Lodge 146

SICK LEAVE UPDATE FORM

Date:

Member Name:

Reg. No:

PHYSICIAN TO COMPLETE THIS SECTION:

Physician Name:

Diagnosis:

To the best of my knowledge the patient listed above is **unable to work** at the Boilermaker profession.

This patient is still unable to return to work. At this time, their expected return to work date will be on: _____
MM / DD / YYYY

Physician's stamp or Physician RX Form must appear here:

Physician's Signature X _____ Date: _____
MM / DD / YYYY

Please note that any costs incurred to complete this form are the responsibility of the patient.

MEMBER TO COMPLETE THIS SECTION:

Is your injury/illness a result of your employment? YES / NO (please circle one)

Are you receiving Workers Compensation Benefits? YES / NO (please circle one)

I understand my monthly dues will be covered by the Union ONLY FOR THE MONTHS INDICATED ON THIS FORM. (Please note that if you are able to work a minimum of (4) four days in a month, that month will not qualify to be paid out.)

X

Member's Signature

Date MM / DD / YYYY