

NORTHERN MEDICAL SERVICES

**Medical Health Officer Absence from Duties due to Illness
or to Attend an Appointment with
a Health Service Provider**

Absent from duties:

From: _____ to _____

Number of working hours/days away: _____

Reason for absence: illness medical appointment

Medical Health officer's name (*please print*) _____

Signature: _____ Date _____

*Please complete this form prior to scheduled medical appointments, or
immediately following return to work due to illness.*

Forms are forwarded to NMS's Saskatoon office for the personnel record.