



Medical/Surgical Appointment Notice Form

Occupational Health
P.O. Box 909, Sioux Lookout, ON P8T 1B4
Tel: 807-737-6584 Fax: 807-737-6273
occupationhealth@slmhc.on.ca

All sections of this form are required

Staff Member Name: _____ Phone #: _____

Choose one of the following: Medical Appointment Surgery Procedure

Choose one of the following: OHIP Covered Non- OHIP

Choose one of the following: Self Family Member

MD Name/Designation: _____

Procedure/exam/test: _____

Appointment Date & Time: _____

Requested Date(s) off: _____

Appointment Location: _____

Physician Contact Number: _____
(or delegate)

Anticipated additional
time off required: _____

If additional time off is required, a completed **Fit for Work must be submitted following the above scheduled appointment.*

Please forward to Occupational Health: 807-737-6273 or

[Click to email
completed form](#)

The information contained within this telecommunication is confidential and intended only for the person(s) named above. Any other distribution, copying or disclosure is strictly prohibited. If you have received this telecommunication in error, please notify us immediately by telephone and return the original transmission to us by mail without making a copy.