



OECTA - Waterloo  
127 Weber Street West  
Waterloo, Ontario  
N2H 4A1

Phone: 744-8051  
Fax: 744-0911  
Email: [office@oectawaterloo.on.ca](mailto:office@oectawaterloo.on.ca)  
<http://www.oectawaterloo.on.ca>

Date: \_\_\_\_\_

Dear Judy,

Attached please find the medical certificate for: \_\_\_\_\_. The member has been advised by the Unit to provide this information, but I wish to make it clear that this is done without prejudice to the Unit's position(s).

**FOR OECTA – WATERLOO UNIT:**

Michael Devoy  
President  
OECTA – Waterloo Unit

**TO BE COMPLETED BY EMPLOYEE in lieu of SECTION I of WCDSB Standard Medical Certificate:**

I, \_\_\_\_\_, hereby authorize the medical practitioner identified below to communicate in writing my restrictions and prognosis specifically in respect to my current absence from my teaching duties with an appropriate representative of the Waterloo Catholic District School Board.

Medical Practitioner: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

*The teacher will have **SECTION II and SECTION III of the WCDSB Standard Medical Certificate** completed by his / her physician.*