

## Health Promotion Program – Pre-Family Planning – Self Declaration Form – Appendix K

The Peel District School Board (PDSB) is committed to assisting our employees to attain optimal health and well-being. In September 2016, the PDSB initiated the Health Promotion Program. The purpose of this Program is to support our valued employees and assist them in optimizing their health with a view to maximize their ability to attend work on a regular basis.

### Section A: Employee Information (please print)

Employee Name:	Position:
School/Department Name:	Employee ID Number P00
Name of Immediate Supervisor:	Phone Number:

### Section B: To be completed by Employee (please print)

Personal information on this form is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, 1990, Section 32, Health Protection and Promotion Act RSO 1990, and the Personal Health Information Protection Act, 2004.

The information gathered on this form is confidential medical information to be submitted directly to the Abilities Management/Occupational Health Office, Peel District School Board. This information will not be released or shared without your written consent. <https://intranet.peelschools.org/Board/Documents/HRS%2045.pdf>

☐ I confirm, I am presently under the care of a health care professional the specializes in family planning.

Based on my doctors direction my treatment may impact my ability to attend work during my scheduled working hours. Please outline the treatment plan and frequency of medical appointments that may impact my ability to attend work as scheduled.

**Example:** Monday and Friday early morning appointments and may be late for work, I attend weekly appointments and the hours of operation are 9-5. Therefore need to take half day absences to attend medical appointments. For the next 4 week and then to re-evaluate.

### Please check off that you have reviewed and understand the Board supports available:

☐ I confirm, I have reviewed the Boards' medical workplace accommodation procedure (link provided below) and understand the Board can provide medical workplace accommodations should I require any during my pregnancy I will contact the Abilities Specialist. <https://intranet.peelschools.org/hr/abilities/leave/Pages/default.aspx>

☐ I confirm, I have reviewed the Boards' medical leave of absence procedure (link provided below) and understand I need to provide satisfactory medical documentation should I require a medical leave of absence. I will contact the Abilities Specialist. <https://intranet.peelschools.org/hr/abilities/mloa/Pages/default.aspx>

Name of Employee (please print):

Employee Signature:

Date Signed (DD/MM/YYYY)

**Please note: Periodic random audits of the self-declaration forms will be conducted by the Abilities Office. Should you be selected you will need to produce documentation from your health care provider confirming your absences are directly related to Pre-Family Planning appointments/care.**

Please submit the completed Self Declaration Form to the Abilities Office:  
**Confidential Fax: 905-890-0485 or Scan/Email [HealthPromotion@peelsb.com](mailto:HealthPromotion@peelsb.com)**