

LEAVE REQUEST FORM (DOCTOR)

Doctors (excluding Registrars) are entitled to be absent from the Practice (take leave) at the Practitioners discretion.

We ask that the Practitioner:

- Notify Pro Health Care as soon as practical of any planned or unplanned leave; and
- Where reasonably practical, arranging cover for their patients (correspondence and results) during the intended period of leave.

Section A: Practitioner Information

Full Name:	
Position:	
Practice:	

Section B: Leave Request Information

Commencing:	/ /
Ending:	/ /
Returning:	/ /
Cover:	<input type="checkbox"/> I will check my own results and/or correspondence while on leave <input type="checkbox"/> I have arranged a buddy to check my results and/or correspondence while I am on leave. Buddy: _____ <input type="checkbox"/> N/A
Comments:	

Section C: Practitioner Declaration

I understand that I am required to clear all correspondence prior to taking leave and ensure a hand-over of patients is in place for my buddy where appropriate and will ensure that I:

- Check/clear ALL Correspondence & Results in my TRAY
- Check/clear ALL Correspondence & Results in my HOLDING FILE

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Complete and communicate a HAND-OVER Form to my Buddy (if applicable)

I also declare and affirm that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

.....
Practitioner Name

.....
Signature

.....
Date

Section D: Management Acknowledgement

.....
Manager Name

.....
Signature

.....
Date

Please consider if a Locum is required for any duration of the leave.

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