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 REGIE REGIONALE DE LA NUNAVIK REGIONAL
 SANTE ET DES SERVICES BOARD OF HEALTH
 SOCIAUX DU NUNAVIK AND SOCIAL SERVICES



Centre de Santé et Services Sociaux Inuulitsivik
 Inuulitsivik Health & Social Services Centre
 Puvimutug, Québec J0M 1P0
 T 819 988-2957 / F 819 988-2796



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 UNGAVA TULATTAVIK HEALTH CENTER
 CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

Village : _____

Date : (yyyy/mm/dd) _____

Objet : Absence justification for medical reasons

Madam,

Sir,

I, the undersigned, _____ (Registered Nurse's name), confirm that Ms/Mr. _____ will be absent from work starting (yyyy/mm/dd) _____ until (yyyy/mm/dd) _____ for medical reasons.

Name and Signature of Registered Nurse

For

Véronique Morin, MD