

Medical HOLD

To be completed by Duty Supervisor.

Members Name: _____ Date of request: _____

Medical Hold Effective: _____ Recommencing on: _____

OR

Until Further Notice (✓) _____

Nature of medical condition:

() Pregnancy () Surgery () Injured

() Other: _____

Member's signature: _____ SVAC Signature: _____

As per Sections B and C of the Membership Contract, all holds, freezes or additional time provisions will be considered on an individual basis and are granted at the discretion of the Club Manager. Medical Holds cannot be implemented until SVAC receives written verification from the physician involved.

.....

Internal Use Only

(Check off to confirm steps have been completed)

() Medical Note attached. If NO, explain why: _____

() Expiry date adjusted YES / NO If YES, original expiry was: _____

() "Next Dues Post" date adjusted

() Locker billed during hold period OR () Locker given up

() **Original to Christine**

Comments: _____

Approved by CR : _____

Date: _____