TEAMSTERS LOCAL UNION NO. 31
AFFILIATED WITH TEAMSTERS CANADA AND THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS
#1 GROSVENOR SQUARE, DELTA, BC V3M 5S1

IMPORTANT NOTICE TO ALL TEAMSTERS LOCAL 31 CIVILIAN MEMBERS EMPLOYED AT THE VPD

November 29, 2024

Dear Brothers and Sisters:

Important Notice Re: Occupational Fitness Form and Employer's Access to Private Medical Information

It was brought to the Union's attention that, under specific situations, our civilian Teamsters are being provided an Occupational Fitness Form by the Employer where the first page asks our Teamsters to sign an "Employee Authorization for Release of Information" before giving the form to the attending physician. Please be advised that you are not required to sign the first page. Signing that page means that you would authorize your Employer to gain direct and full access to your medical records, where they may weaponize against you. You can still have your physician review and complete the remaining form in your presence, but your Union strongly recommends that you **DO NOT SIGN** the "Employee Authorization for Release of Information". You cannot be forced to sign it. A copy is enclosed on the 2nd page of this memo.

Please note that the Employer can still request "Reasonable" medical information if that information is needed, for example under a medical leave situation or a medical accommodation plan, and of course where the expectation is that the civilian Teamsters would cooperate, but the civilian Teamsters does not need to sign such an authorization for the Employer to prepare the form, reasonably request the information, and eventually obtain it. You have strong rights under the BC Labour Code, BC Human Rights Code, the Worker's Compensation Act, the Personal Information Protection Act, and the Personal Health Information Access and Protection of Privacy Act.

Also please note that the Employer is not entitled to a "Diagnosis".

If you have previously signed the "Employee Authorization for Release of Information", you have the option and right to "revoke authorization" in writing by sending an email to your Employer/ HR and copying your Union.

The Union encourages the civilian Teamsters to contact their Union business agent or shop steward if there are any questions or concerns. All communication between a Teamsters civilian and their Union are confidential.

Yours fraternally,

Murwan Salame
Business Representative 604-527-2718 msalame@teamsters31.ca

Vancouver Police Department
Occupational Fitness Form
Human Resources Section
Civilian & Police Support Services Unit

To the Employee:

- Please sign the **Employee Authorization for Release of Information** before giving this form to your attending physician.
- Any fees payable for the completion of this form are your responsibility.
- Once your attending physician has completed the form, please ensure it is returned to either your Human Resources Consultant (HRC), or the Manager of Civilian & Police Support Services in the Human Resources Section.
- Failure to have this form completed and returned to the Human Resources Section may result in suspension of your sick leave benefits and/or may result in an unauthorized leave of absence.

Employee Authorization for Release of Information		
I have been asked by my Employer to provide medical documentation in support of my current absence from work, eligibility for sick leave/fitness for work, return to work and/or need for accommodation. I authorize the exchange of verbal or written medical documentation between my attending physician and my HRC and/or the Manager of Civilian & Police Support Services, in the Human Resources Section, as it pertains to my current absence from work, eligibility for sick leave, fitness for work, return to work and/or need for accommodation. I agree that a facsimile copy or photocopy is to be considered as effective as an original, signed copy. This release is valid from date of signing until the date of my return to work or for one calendar year. X_____ Employee's Signature		_____ Date
Employee Surname:	First Name:	Employee No.
Job Title:	Section/Unit:	

Direct Inquiries and Return of this Form:

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