MANITOBA BLUE CROSS®

PLAN MEMBER CONFIRMATION OF ILLNESS FORM

This form is only to be used if your absence is due to symptoms of COVID-19 or flu-like symptoms. If your absence is related to any other type of illness or injury please have an Attending Physician's Statement completed by your physician.

In recognition of the increasing pressure on our medical clinics and hospitals due to the COVID-19 pandemic, we will not, at the outset, require an Attending Physician's Statement as part of your disability claim submission if your absence is due to COVID-19 symptoms, or a clinical diagnosis of the virus. This is a time limited exception as we move through the current situation.

In the absence of an Attending Physician's Statement, we require confirmation of your symptoms, your test results, and any medical treatment you may have received for your condition. Accordingly, please complete and sign this form and return it with an Employer's Statement and Employee's Statement to LDinfo@mb.bluecross.ca. Forms can be downloaded from our website at mb.bluecross.ca.

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1. Please confirm:

Policy Number: _____ Certificate Number: _____

Plan Member Name: _____ Employer Name: _____

Date symptoms first appeared: _____
(dd/mm/yyyy)

First day absent from work: _____
(dd/mm/yyyy)

2. Please indicate the symptoms associated with your illness:

- ☐ Fever
- ☐ Cough
- ☐ Fatigue
- ☐ Muscle aches
- ☐ Sore throat
- ☐ Shortness of breath
- ☐ Decreased appetite
- ☐ Runny nose
- ☐ Nausea
- ☐ Vomiting
- ☐ Headache
- ☐ Other _____

3. Do you have any other health problems that might affect your recovery (e.g. diabetes, heart disease, respiratory illness)?

4. A) Date of medical consultation relating to COVID-19: _____
(dd/mm/yyyy)

B) Who was the medical consultation with (e.g.: physician/clinic/hospital/Public Health authority)?

5. A) **Date of COVID-19 test:** _____
(dd/mm/yyyy)

B) Name, address and phone number of facility where test conducted.

C) Test result:

- ☐ Positive
- ☐ Negative
- ☐ Pending – if pending, date expected: _____
(dd/mm/yyyy)

Attach test results if available.

6. **Have you been instructed to self-isolate ?**

- ☐ Yes, as of this date: _____
(dd/mm/yyyy)
- ☐ No

- When do you expect the self-isolation to end? _____
(dd/mm/yyyy)
- When are you next seeing your physician? _____
(dd/mm/yyyy)
- When do you expect to return to work? _____
(dd/mm/yyyy)
- Can you work from home? ☐ Yes ☐ No

7. **Any other details relating to your illness you'd like us to know:**

I certify that the statements in this form are true and complete and understand that further information may be required to validate my claim.

Name: _____ Phone #: _____ Cell #: _____

Signature: _____ Date: _____
(dd/mm/yyyy)

Have questions about your claim? Our call centre remains open from 8:00 a.m. - 5:30 p.m. weekdays.

- In Winnipeg 204.775.0151
- in Canada 1.888.596.1032
- within MB 1.800.873.2583

You can also email us through the Contact Us form on our website.
We encourage you to utilize our many online, self-service offerings.

For more information on the novel coronavirus, go to the Public Health Agency of Canada's website at https://www.canada.ca/en/public-health.html