

**TEAMSTERS LOCAL 631
700 N LAMB BLVD
LAS VEGAS, NV 89110
702-453-6310
FAX:702-437-7283**

SICK DUES FORM

Members Name

Date

Address

Employer

Social Security Number

Home Phone Number

The last day worked before illness or accident occurred: _____

Date of first treatment: _____

Is patient able to work: _____

If not, estimate day of return: _____

Nature of illness or accident: _____

Signature of attending physician

Name of Doctor's Office

Address

Phone #

**SICK DUES CAN ONLY BE USED WHEN NO HOURS HAVE BEEN WORKED
IN THE CALENDAR MONTH**