

NOTIFICATION OF APPROVED ABSENCE FROM SGL:

First Patient Program Exit Pass

One/each of Terms 1, 2, 3

Please complete this form and email to the **Curricular Coordinator** for your year.

I would like to inform you that I will be away from the SGL at _____(time) on _____(date) due to a First Patient Appointment.

I have done the following:

- Ensured that no one else in my group is absent for this reason, including my partner if he/she is in this group
- Notified my group of my absence
- Made arrangements to make up work and contribute to my group's work
- Assured that this is the one SGL I will miss for this reason this term.

Signed: _____

NOTE: this pass does NOT include any assessments, Interprofessional Sessions or Clinical or Expanded Clinical Skills sessions.