

Certificate number

**Pulmonary health certificate**

Social insurance number

Health insurance number

Issued

Year

Month

Day

Name and address of holder

I certify that I have examined the holder of this certificate pursuant to the Regulation respecting pulmonary health examinations for mine workers and that, to the best of my knowledge, the holder of this certificate is entitled thereto.

Date of  
examination

Year

Month

Day

Signature of holder

Signature of  
physician

Physician No.