

Notice of referral

Certificate number

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 should file a claim for a pulmonary occupational disease relating from exposure to:

asbestos silica


If you fail to file a claim **within 6 months following this notice**, your pulmonary health certificate will be suspended until such time as you file a claim with the CSST.

Date of
examination

Year

Month

Day

Signature of
physician 

Physician No.