Appendix L

Notification to Occupational Health and Safety

In accordance with Section 9(1) of The Disease Control Regulations, 2003 the following form should be used to communicate with Occupational Health and Safety, Ministry of Labor Relations and Workplace Safety.

CONFIDENTIAL DISEASE NOTIFICATION

Date of diagnosis: _____
dd/mm/yyyy

Date of report to Occupational Health: _____
dd/mm/yyyy

TO: Executive Director
Ministry of Labour Relations and Workplace Safety
Occupational Health and Safety Division
300-1870 Albert Street
REGINA SK S4P 4W1
FAX: (306) 787 2208
Email ohs.executiveoffice@gov.sk.ca

	Employment	
Name of Disease	Name of Company/Employer	Address of Employment

_____
Medical Health Office or Designate

Phone:
Fax:
E-mail:

Note: Please forward to Director of Health Standards or designate upon receipt at OHS.