

# Appendix L

## Notification to Occupational Health and Safety

Date Reviewed: April, 2014

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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](mailto: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.