Appendix L

Notification to Occupational Health and Safety

Date Reviewed: April, 2014

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: __________________

Date of report to Occupational Health: __________________

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

<table>
<thead>
<tr>
<th>Name of Disease</th>
<th>Name of Company/Employer</th>
<th>Address of Employment</th>
</tr>
</thead>
</table>

Medical Health Office or Designate

Phone:
Fax:
E-mail:

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