

BOARD POLICIES

CLAIMS

At the Workers' Compensation Board meeting held on January 19, 1978 the following policy was agreed upon and adopted:

No. 18 Industrial Malignancy Report Forms

Enclosed is a copy of the form which is to be used for reporting all industrial cancers to the Central Registry of the Ontario Workers' Compensation Board. Whenever industrial cancer is reported to this office, the attached form must be completed. When all information has been received, a copy of the original form will be forwarded to the Workers' Compensation Board of Ontario, and a copy will remain on the claim file.



B. Booth
Executive Secretary

Province		Claim number		Social Insurance Number	
Surname of patient		Given name(s)		Date of birth Day Month Year	
Employer		Location			
Nature of employers business					
Exposure data				Dates	
A.					
B.					
C.					
D.					
E.					
Carcinogen	Exposure intensity	Exposure duration	Latency period	Cessation interval	
Smoking History					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amount smoked	Years smoked	Time to disease
Smoker	Never Smoker	Former Smoker			Cessation interval
Date of diagnosis			Date of death		
Diagnosis, ICDA, Neoplasms, 140-239 Cell type & lesion site					
Cause of death					
Cytology	Biopsy	Surgery	Autopsy		
Permanent disability award	Claim cost				