



YUKON WORKERS'  
COMPENSATION  
HEALTH AND  
SAFETY BOARD

SUBJECT: CLAIMS & BENEFITS POLICY NO.: CL - 13  
BOARD APPROVAL: UNDER REVIEW  
APPROVAL DATE: \_\_\_\_\_  
BOARD ORDER NO.: \_\_\_\_\_  
EFFECTIVE DATE: January 01, 1993

## POLICY STATEMENT

SECTION  
REFERENCE:

POLICY:

### 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.



**REVOKED**

**JUN 15 2004**

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			
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			