

WORKER'S EMPLOYMENT RECORD (CHEMICAL EXPOSURE)

WCB Claim Number

Personal Health Number

Worker's (Surname) (First Name) (Initial) Date of Birth (YYYY/MM/DD)

Page of

INSTRUCTIONS

- In completing this form, start with your first employment and proceed to your most recent employment.
- Please type or print clearly in dark (black) ink.

Employer's Name and Address (Street Address, Town/City, Province of Operation)	Employment Period	Occupational Job Duties	Name of Irritants(s)/ Chemicals(s) to which you were exposed	Type of Protective Apparel used
1. _____ _____	From _____ To _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
2. _____ _____	From _____ To _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
3. _____ _____	From _____ To _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
4. _____ _____	From _____ To _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
5. _____ _____	From _____ To _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
6. _____ _____	From _____ To _____	_____ _____ _____	_____ _____ _____	_____ _____ _____