Pan-Canadian Claimants' (PCC) Compensation Plan

PHYSICIAN FORM

CLAIMANT INSTRUCTIONS

Before You Use This Physician Form - Please Read Carefully

You do **not** need to use this Form if you have one of the following documents:

(i) For Lung Cancer or Throat Cancer: A copy of a pathology report confirming the diagnosis of Primary Lung Cancer or Primary squamous cell carcinoma of the larynx, oropharynx, or hypopharynx (Throat Cancer) between March 8, 2015, and March 8, 2019 (inclusive);

(ii) For Emphysema or COPD (GOLD Grade III or IV): A copy of a report of a spirometry test performed on the Tobacco-Victim between March 8, 2015, and March 8, 2019 (inclusive) that first demonstrated a FEV1 (non-reversible) of less than 50% of the predicted value to first establish a diagnosis of COPD (GOLD Grade III or IV); or

(iii) A copy of an extract from a medical file of the Tobacco-Victim confirming the diagnosis of Lung Cancer, Throat Cancer, Emphysema or COPD (GOLD Grade III or IV) and date of diagnosis between March 8, 2015, and March 8, 2019 (inclusive).

If you have one of these documents, and they establish diagnosis and the date of diagnosis, you do not need to complete this Form. This Form is meant to help only when the above-required medical records cannot be found, or do not clearly establish the diagnosis, or the date of diagnosis between March 8, 2015, and March 8, 2019 (inclusive).

Deadline to Submit this Physician Form: If you are relying on this Form as proof of diagnosis and date of diagnosis between March 8, 2015 and March 8, 2019 (inclusive), you must submit this Form, along with the completed Claim Form and all supporting documentation to the Claims Administrator as a complete package **by no later than the Claims Deadline of September 3, 2027**

PHYSICIAN FORM

Sections I and II are to be completed **ONLY** by the Tobacco-Victim or their Legal Representative before giving this Physician Form to the Physician.

Section I: Information regarding the Tobacco-Victim

(to be completed by the Tobacco-Victim or their Representative)

1. First Name of Tobacco-Victim: _____
2. Middle Name of the Tobacco-Victim (if applicable): _____
3. Last Name of Tobacco-Victim: _____
4. Date of Birth of Tobacco-Victim: _____
5. Tobacco-Victim's Provincial Health Insurance Number: _____

Section II: Authorization to Disclose Medical Information

(to be completed by the Tobacco-Victim or their Representative)

I understand that this Physician Form is being completed by a licensed physician to assist with a Claim under the PCC Compensation Plan.

I authorize the physician completing this Physician Form to disclose personal medical information about the Tobacco-Victim, including clinical history and/or diagnosis, directly on this Physician Form.

I further authorize the PCC Agent to contact my physician ***only in limited circumstances and only where necessary*** for the sole purpose of clarifying or verifying the information ***already provided*** on this Physician Form.

This authorization is provided solely for the purpose of supporting the Claim and will not be used for any other purpose.

- ❑ I am the Tobacco-Victim;
- ❑ I am the Legal Representative of the Tobacco-Victim, authorized to act on their behalf.

Signed: _____ (Tobacco-Victim or Legal Representative)

Name (please print): _____

Date (YYYY/MM/DD): _____

Sections III to V are to be completed and signed **ONLY** by a licensed physician. Please complete this form to assist your patient with a Claim under the PCC Compensation Plan.

Section III: Disease Diagnosis

(to be completed by the Physician)

For each diagnosis below, there are **preferred** supporting documents listed for that diagnosis. If the preferred document is **not available**, you may instead attach another form of medical documentation, provided that it establishes both the diagnosis and date of diagnosis.

Another form of medical documentation may include:

- ❑ Medical File Extract
- ❑ Operative Report
- ❑ Biopsy Report
- ❑ MRI Report
- ❑ PET Scan Report
- ❑ CT Scan Report
- ❑ Pathology Report
- ❑ X-ray Report
- ❑ Sputum Cytology Report

Please attach the requested medical documentation to verify the diagnosis and date of diagnosis. The request for documentation to confirm the diagnosis is a request for existing clinical records only. It is not a request for you or other physicians to prepare a new medical report.

1. Has the Tobacco-Victim been diagnosed with Primary Lung Cancer, Throat Cancer (primary squamous cell carcinoma of the larynx, oropharynx, or hypopharynx), or Emphysema or COPD (GOLD Grade III or IV) between **March 8, 2015, and March 8, 2019, inclusive of those dates?**

Select and provide the date of diagnosis and reports for all that apply:

❑ **Primary Lung Cancer**

- Date of Diagnosis *(between March 8, 2015, and March 8, 2019)*

_____

(YYYY/MM/DD)

- Preferred Supporting Documentation:
  - ❑ Pathology Report
  - ❑ Sputum Cytology Report
- Other Documentation (where the preferred document is not available):

_____

❑ **Throat Cancer** (primary squamous cell carcinoma of the larynx, oropharynx, or hypopharynx)

- Date of Diagnosis *(between March 8, 2015, and March 8, 2019)*

_____

(YYYY/MM/DD)

- Preferred Supporting Documentation:
  - ❑ Pathology Report
- Other Documentation (where the preferred document is not available):

_____

❑ **Emphysema**

- Date of Diagnosis *(between March 8, 2015, and March 8, 2019)*

_____

(YYYY/MM/DD)

- Preferred Supporting Documentation:
  - ❑ X-ray report
  - ❑ CT Scan Report
- Other Documentation (where the preferred document is not available):

_____

❑ **COPD (GOLD Grade III or IV)**

- Date of Diagnosis *(between March 8, 2015, and March 8, 2019)*

  _____

  (YYYY/MM/DD)
- Preferred Supporting Documentation:
  - ❑ Spirometry Report (demonstrating airflow limitation consistent with GOLD Grade III or IV)
- Other Documentation (where the preferred document is not available):

  _____

The GOLD Grade Classification System

COPD severity is classified using the Global Initiative for Chronic Obstructive Lung Disease (GOLD) spirometric grading system. The full grading criteria and clinical guidance are published in the GOLD Report and accompanying Pocket Guide. These documents can be accessed by visiting the official Global Initiative for Chronic Obstructive Lung Disease website (https://goldcopd.org) and downloading the most recent GOLD Report and Pocket Guide.

Physician Comments (optional):

Section IV: Smoking History

(to be completed by the Physician)

Please answer the following question based upon information in the clinical records you have reviewed. This is not a request that you seek information from the Tobacco-Victim or claimant or perform an exhaustive review of the Tobacco-Victim's clinical records. The Tobacco-Victim or claimant is required to respond to questions regarding smoking history on a separate Claim Form which they will submit to the Claims Administrator. If this information is not readily available to you, select "Do not know".

1. To the best of your knowledge, information and belief, does or did the Tobacco-Victim smoke cigarettes?

   - ❑ Yes
   - ❑ No
   - ❑ Do not know

Section V : Certification by Physician

(to be completed by the Physician)

I certify that the information provided on this Physician Form is true and correct to the best of my knowledge, information and belief.

I understand that I may be contacted by the PCC Agent to clarify or verify the information on this Physician Form.

1. Please fill out Physician's name and contact information **OR** use practitioner stamp:

Full name of Physician: _____ **License Number:** _____ **Address of Physician:** _____ _____ _____ **Business Phone:** _____ **Business Email Address:** _____	**Practitioner's Stamp**

_____ _____

Date Signed (YYYY/MM/DD) Signature of Physician