

Please note that all fields must be filled out.

1. IDENTIFICATION OF EMPLOYEE	
Client no.	Title of trade or occupation covered by the application
Last name	First name

2. DOCUMENTS TO PROVIDE
<p>For a disability for which you made an application to Médic Construction, no document is necessary. We will make the required verifications and will contact you as needed.</p> <p>For a file related to CNESST, SAAQ, RQAP, or IVAC and for which you have not made an application to the disability insurance section of the Commission de la construction du Québec (CCQ), please provide the document from the relevant agency, which must mention the exact period of incapacity and the functional limitations attested to by a physician.</p>

For all other illnesses or accidents, please fill out the sections “Declaration of physician” and “Identification of physician” in this form.

3. DECLARATION OF PHYSICIAN
I declare that the employee is incapable of performing the tasks of his or her trade or occupation, mentioned above, following an illness or accident. <input type="checkbox"/> Yes <input type="checkbox"/> No
Beginning of incapacity (YYYY-MM-DD) End of incapacity (YYYY-MM-DD)
What are the functional limitations that must be considered?
Is the employee able to take a theory course? <input type="checkbox"/> Yes <input type="checkbox"/> Non

4. IDENTIFICATION OF PHYSICIAN
Physician's name Address
<input type="checkbox"/> General practice <input type="checkbox"/> Specialist Specify
Telephone no.
Signature Date (YYYY-MM-DD) Licence no.

5. EMPLOYEE'S AUTHORIZATION
<p>I authorize my attending physician and the public agencies concerned, including CNESST, SAAQ, RQAP, and IVAC, to transmit to the CCQ or its authorized representatives all information necessary for processing of the present application concerning all disabilities, current or previous, including the medical information regarding these disabilities. This authorization is valid for the duration of processing of my application. The information transmitted for this purpose will be used only for processing my application for renewal of my competency certificate and will be accessible only to the employees for whom this information is necessary to performing their functions.</p> <p>However, this information may be disclosed to any physical or moral person participating in the analysis of this application or to other persons if the law requires or if I expressly authorize this disclosure. The present authorization or a copy of it will be valid for the duration of the analysis of my application.</p>

6. SIGNATURE
Signature Date (YYYY-MM-DD)

Please return this form with supporting documentation, if applicable, to the address below.

Commission de la construction du Québec
Direction de la gestion de la main-d'œuvre, C. P. 2010, succ. Chabanel, Montréal (Québec) H2N 0C3