



REQUEST FOR ACCOMMODATION
AND/OR
REMOVAL FROM SKILL REGISTRATION

Part I Employee Information

Name of Employee or Applicant for Employment:

Name Working Card # (If applicable) Phone Number

Address: _____
Street City Postal Code

I am requesting the following accommodation and/or de-registration for the following skills or functions:

This request is for: Permanent Accommodation and/or Permanent De-registration
 Temporary Accommodation and/or Temporary De-registration

If temporary please provide dates: From _____ to _____

Reason for Request Medical Restrictions/Disability (*Attach medical certificate outlining restrictions*)
 Other

Please Provide Details:

NOTE: Requests for accommodation or de-registration due to medical conditions or disability require medical certification from the treating physician(s) outlining restrictions and the accommodation sought. The authorization for release of medical information below must be completed and signed. **Failure to do so may void this request.**

Authorization for Release of Medical Information

I understand that the HEA may request their designated medical physician/practitioner to communicate with the medical physician(s)/practitioner(s) listed below. I hereby authorize the release of any information necessary for the purpose of determining my medical condition as it relates to my employment in the longshoring industry in the Port of Halifax.

Signature Date

Dr. _____
Name and Telephone Number

Dr. _____
Name and Telephone Number