

chapter S-2.1, r. 3

Updated to 1 May 2017

Regulation respecting the certificate issued for the preventive withdrawal and re-assignment of a pregnant or breast-feeding worker**Act respecting occupational health and safety**

(chapter S-2.1, ss. 40, 46 and 223)

1. The form and tenor of the certificate issued for the preventive withdrawal and re-assignment of a pregnant or breast-feeding worker must comply with the form in Schedule I.

O.C. 806-92, s. 1.

2. This Regulation replaces the Règlement sur le certificat délivré pour le travail préventif de la travailleuse enceinte ou qui allaite (R.R.Q., 1981, c. S-2.1, r. 2), replaced by the Regulation respecting certificates for protective reassignment of pregnant or nursing workers (Decision 81-12-17 (Suppl. p. 1165)).

O.C. 806-92, s. 2.

3. (Omitted).

O.C. 806-92, s. 3.

SCHEDULE I

(s. 1)

PREVENTIVE WITHDRAWAL AND RE-ASSIGNMENT CERTIFICATE FOR A PREGNANT OR BREAST-FEEDING WORKER

CSST

Commission de la santé et de la sécurité du travail du Québec

Preventive withdrawal and re-assignment certificate for a pregnant or breast-feeding worker

CSST File No.

A- Identification of worker and purpose of consultation

Surname and given name at birth

Medicare number

Social insurance number

Address

Postal Code

Area Code

Telephone number

Application category

Pregnancy

Expected delivery date

Year Month Day

Breast-feeding

Date of birth of breast-fed child

Year Month Day

Nature of the danger apprehended by the worker

Describe:

Signature of worker

B- Identification of workplace and description of worker's occupation

Employer's firm name

Address of workplace

Postal Code

Place and department where worker carries out duties

Title of position

Name and position of the person with whom we may communicate in the business

Area Code

Telephone number

C- Compulsory consultation under the Act

(The physician in charge of health services for the establishment need not complete this section if he issues the certificate)

Name of physician consultant

as x Physician in charge of health services x Head of CHD x Designated physician

Name of community health department

Receipt of consultation report

x by telephone or x in writing

Date

Year Month Day

D- Medical report

In your opinion, what are the working conditions which are physically dangerous to the unborn child or breast-fed child or

Is the worker medically capable of working ?

x Yes x No

IMPORTANT

For preventive withdrawal or re-assignment, the worker must be capable of working.

E- Attestation

I certify that the working conditions of the worker are physically dangerous for her because of her pregnancy, or for the

For pregnancy only

Indicate the number of weeks of pregnancy at the date of preventive withdrawal of re-assignment

Date of preventive withdrawal or re-assignment

Year Month Day

☒ Attending physician ☐ Physician in charge of health services

Name of physician (block letters)

Corporation No.

Area code

Telephone number

Signature

Date

Year Month Day

Date certificate delivered to the worker

Year Month Day

Suggestion(s) to employer to facilitate re-assignment (working conditions and duties to be changed).

The worker must return the duly completed certificate to the employer. However, the absence of suggestions made to the emp

O.C. 806-92, Sch. I.

REFERENCES

O.C. 806-92, 1992 G.O. 2, 2866