

Application for Renewal / Reissue of the Personal Health Record

Type of record	Benzidine, etc.; pneumoconiosis; chromic acid, etc.; arsenic trioxide; coal tar; bis(chloromethyl) ether; beryllium; benzotrichloride; vinyl chloride; asbestos
Name	
Date of birth	
Address	Postal code: Telephone number ()
Registered domicile	
Reason for application for renewal or reissuance	

Date:

Name of applicant Seal
Address

To: Director of Labour Bureau

Notes:

1. Delete either "Renewal" or "Reissue" from the title, whichever is not applicable.
2. Attach the old personal health record and a document certifying any changes in the matters indicated in the old record when you apply for renewal. For an application for reissuance due to damage, attach the old, damaged record.
3. A signature may be fill ined in lieu of fill ining a name and affixing a seal.