

# Provincial Health Services Authority (Cleroux) Class Action

## Potential Class Member Questionnaire

Email a copy of this form to [nurseclaim@murphybattista.com](mailto:nurseclaim@murphybattista.com) with the subject line **Provincial Health Services Authority (Cleroux)** and our intake team will be in touch to confirm receipt and next steps.

### Personal Information

Your Full Legal Name: \_\_\_\_\_

Other Names/Aliases \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Did you receive a letter from Provincial Health Services Authority advising you were impacted by Cleroux? Yes No

Do you know what date you received treatments from Cleroux? If yes, what was the date? Yes No

\_\_\_\_\_

### Additional comments and information