



Provincial Health Services Authority (Cleroux) Class Action

Potential Class Member Questionnaire

Email a copy of this form to 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
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Do you know what date you received treatments from Cleroux? If yes, what was the date?	Yes	No
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Additional comments and information