

Physician's Report of Ineligibility for Cervical Cancer Screening

The woman identified below is not a candidate for the Alberta Cervical Cancer Screening Program (ACCSP) for the following checked reason(s) :

- A. Hysterectomy (please confirm that ALL the following hysterectomy criteria have been met):
 - Visual inspection or surgical confirmation that cervix has been removed.
 - No previous history of biopsy confirmed high grade cervical lesions or cervical cancer.

Date of hysterectomy (estimated to at least the year): / /
yyyy / mm / dd

- B. Clinical ineligibility (such as age over 69): _____
- C. Cervical cancer diagnosed outside of Alberta.
- D. Deceased.

If your patient meets ANY of the above criteria, please complete the following information, sign and date it, and return it to the ACCSP. We will remove this patient from invitation, recall, and physician overdue mailing lists.

Patient Name: _____ , _____
(Please Print) Last First Middle

Patient ULI/PHN: -

Patient Date of Birth (yyyy/mm/dd): / /
yyyy / mm / dd

Date Signed: / / **Signature:** _____
yyyy / mm / dd

Name of Physician or Nurse Practitioner: _____