

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 16 – Smoking Cessation Plan Record Sheet
CMHO Standard(s):
Approved: July 2000 Page 1 of 1

Appendix 16 SMOKING CESSATION PLAN RECORD SHEET
Approved July 2000

Staff Name:
Department:
Treatment Start Date:
Treatment End Date:

Payment 1:

Amount _____ Date _____ Cheque No.

Payment 2:

Amount _____ Date _____ Cheque No.

Final Payment: (\$400 - Payment 1 - Payment 2)

Amount _____ Date _____ Cheque No.

I _____ have successfully completed a nicotine patch treatment under a physician's supervision and confirm that I have been "smoke free" for a period of six months from the completion of such treatment.

Signature

Date