

Date: _____

To Whom it may Concern,

By my signature herein affixed, I, _____ hereby request that all information about my diagnosis or diagnoses collected by the employer on the disputed M-186 form be redacted from all medical files kept by Coast Mountain Bus Company about me.

Additionally, I hereby request that Coast Mountain Bus Company notify me by email upon completion of this redaction request.

- I hereby request that my union, MoveUP, be copied on all correspondence regarding this request at cmbcmail@moveuptogether.ca.

Yours truly,

Member Signature

Date

MoveUPTogether.ca

LOCAL 378 – CANADIAN OFFICE AND PROFESSIONAL EMPLOYEES UNION – COPE SEPB

