



Tseshaht First Nation

5091 Tsuma-as Drive, Port Alberni, BC V9Y 8X9
Phone: (250) 724-1225 Fax: (778) 419-2725

CONFIRMATION OF ATTENDANCE FORM

Medical Travel Policy:

- ✓ Attending your medical appointment as scheduled.
- ✓ Get a signed/stamped Confirmation of Attendance (COA) from your doctor or nurse confirming that you have attended your medical appointment. The signed COA must be returned to Tseshaht First Nation after the medical appointment.
- ✓ Give notification when cancelling an appointment. Be sure to provide 72 hours' notice to cancel hotel arrangements.
- ✓ Collect and forwarding all required receipts to Tseshaht Patient Travel Clerk

A. CLIENT/APPOINTMENT INFORMATION:

Client Name: _____ Status Number: _____
Date of Birth (yy/mmm/dd): _____
Appointment Date: _____
Appointment Time: _____

B. DOCTOR'S OFFICE SIGNATURE/STAMP

Name of Doctor/Specialist: _____ Phone No.: _____
Address: _____
Signature of Doctor/Nurse/Medical Office Assistant etc. _____
Stamp: