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Alberta Health Services

Alberta Cervical Cancer Screening Program

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. **Total hysterectomy** and no previous history of biopsy confirmed high grade cervical lesion 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: _____

Alberta Health Services - Alberta Cervical Cancer Screening Program
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