



ATTENDANT	LICENSE NUMBER
EMPLOYER	

	DATE	HOSPITAL DEPARTMENT	PATIENT'S INITIALS	SUCCESSFUL		WITNESSED BY (please print)	SIGNATURE OF WITNESS
				yes	no		
1							
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ATTENDANT'S SIGNATURE	DATE
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Mail or Fax to: EMA Licensing,  
 PO Box 9625 Stn Prov Govt,  
 Victoria BC V8W 9P1  
 Fax: (250) 952-1222