

Claimant full name (required):  Claimant date of birth (required) (DD/MM/YYYY):  /  /

→ **Appendix A | Any Additional Federal Indian Hospital Admission(s)**

This Appendix should be used if you've experienced abuse/harm during more than one admission to a Federal Indian Hospital. That is, if you were admitted to the same hospital more than once and experienced abuse/harm each time and/or if you attended more than one Federal Indian Hospital and experienced abuse/harm each time.

**Important:**

- You do not need to record every admission to every Federal Indian Hospital you've been admitted to. You only need to record the admissions where you've experienced abuse/harm.
- Don't forget to enter the name of the hospital and the dates of admission so we know which hospital admission your answers apply to.
- If you have experienced abuse/harm at more than one additional hospital, please include extra pages labelled "Additional Hospital #2", "Additional Hospital #3", etc., and include your answers to questions 1-12.
- For each Federal Indian Hospital admission, answer the questions as best as you can. Example answers are provided as guidance only to assist you.
- Please provide any relevant documents you may have related to your admission to a Federal Indian Hospital. Given the passage of time since your admission to a Federal Indian Hospital, you might not have any documentation. Please do not let this deter you from submitting a Claim as submitting documents is optional.

**Additional Hospital**

**Information about your admission (required)**

For each Federal Indian Hospital admission, answer the following questions as best as you can. Please provide as much information as you are comfortable sharing. *Example answers are provided as guidance only to assist you.*

1. **Province/Territory.** *Example: Alberta.*

2. **What is the name of the hospital you were admitted to?** *Example: Charles Camsell Hospital.*

3. **Month (MM) / year (YYYY) admission began.** *Example: 03/1965.*

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4. **Month (MM) / year (YYYY) admission ended.** *Example: 06/1965.*

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5. **For how long were you admitted to the hospital?** *Example: 3 months.*

6. **What was the reason for your admission?** *Example: Tuberculosis treatment.*

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**Appendix A | Any Additional Federal Indian Hospital Admission(s)**

**Additional Hospital continued**

**7. Where did you live before being admitted to the hospital (including address if known)?** *Example: St. Mary's Indian Residential School.*

**8. Why did you go to this particular hospital (instead of another)?** *Example: It was the closest hospital to my community.*

**9. How did you get to and from the hospital at the beginning and end of your admittance?** *Example: By ship.*

**10. What are the names of any of the doctors, nurses, or other staff who assisted you?** *Example: Dr. Smith, Nurse Johnson.*

**11. What types of medical treatment did you receive?** *Example: Antibiotics, physical therapy.*

**12. Were you transferred to/from another hospital or medical facility before/after being admitted to the Federal Indian Hospital?** *Example: Transferred to a Tuberculosis (TB) Sanitorium after admission.*

**Additional details (recommended)**

This section is for you to share any other information about your admission at the Federal Indian Hospital for example other patients' names or a description of the hospital. Please fill in what you feel comfortable sharing. Do not include information about any eligible abuse/harm you may have experienced here (see **Appendix B** for details).

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