

NOTIFICATION OF OCCUPATIONAL LUNG DISEASE

Send to:

Pengarah Kesihatan Negeri

Jabatan Kesihatan Negeri _____

Part A - Notifier

(Regulation 7(2) Registered Medical Practitioner)

Name

Designation

Address of clinic / hospital

Contact no.

Part B - Affected person

Name

Date of Birth

New IC/ Passport no.

DD MM YY

Nationality.

Gender

☐ Male ☐ Female

Ethnic Group

Occupation

Name and address of organization

District

State

Location of incident

Part C - Occupational Lung Disease

Date of diagnosis

DD MM YY

Diagnosis/ Provisional diagnosis

Part D

- a) What kind of work did the patient do which may be associated with the disease?
(Describe the work activities)
- b) What was the hazard or agent been exposed to the patient?
- c) How long had the patient been exposed to the hazard or agent?
- d) How long had the patient been experiencing the symptoms?

Signature of Notifier

Date

Name and address of attending doctor (Official Stamp)

1Duration of symptoms (by years, months or days)

2Type of occupational lung disease

☐ Occupational asthma

☐ Inhalation incident

☐ Hypersensitivity pneumonitis

☐ Bronchitis/ Emphysema

☐ Infectious diseases (e.g. TB)

☐ Pneumoconiosis (incl. asbestosis, silicosis)

☐ Other occupational lung disease (please specify) :

☐ Lung cancer

☐ Mesothelioma

☐ Non - malignant pleural disease

☐ Byssinosis

☐ Building related respiratory illness

☐ Fibrotic lung disease

Suspected causal agent :

3Source of case

☐ Chest clinic

☐ Occupational Health Clinic

☐ Health Clinic (Klinik Kesihatan)

☐ Other Specialist Clinic (please specify) :

☐ Others (please specify) :

4Is patient a smoker ?

☐ Current

☐ Ex-smoker

☐ Never smoked

5Is patient atopic ?

☐ Yes

☐ No

☐ Unsure

6Relevant job(s)

Type of work/ industry	Job title	Duration of employment (by years, months or days)

7Outcome on DD - MM - YY

☐ Still expose to the agent at the workplace but using personal protective equipment

☐ Still expose to the agent at the workplace but not using personal protective equipment

☐ Same place of work but no longer expose to agent

☐ Changed job/ alternative employment

☐ Away from work due to illness

☐ Early retirement

☐ Unemployed

8Existing control

☐ Engineering Control

☐ Standard Operating Procedure (SOP)

☐ Training / Education / Work Schedule / Rotation

☐ Personal Protective Equipment (PPE)

☐ Other (please specify) :