NOTIFICATION OF OCCUPATIONAL POISONING/ DISEASE

WEHU - D1 (JKKP 7)

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 / / (DD MM YY)

New IC/ Passport no.

Nationality.

Gender ☐ Male ☐ Female

Ethnic Group

Occupation

Name and address of organization

District

State

Location of incident

Part C - Occupational Poisoning/ 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)

1. Date of occurrence

   ☐☐ / ☐☐ / ☐☐☐☐
   DD MM YY

2. Time

   ☐☐☐☐☐☐☐☐ hrs

3. Place of occurrence

   ☐ Home ☐ Workplace ☐ Others

4. Name(s) of poisoning agent(s)

   Trade name _____

   Active ingredient _____

5. Type of poisoning

   ☐ Pesticide ; Proceed to Question 6
   ☐ Chemical ; Proceed to Question 7

6. If pesticide is the poisoning agent(s), please state type if known
   (Tick ☑ more than one if mixture is used)

   ☐ Paraquat
   ☐ Glyphosate
   ☐ Organophosphate
   ☐ Carbamate
   ☐ Thiocarbamate
   ☐ Organochlorine
   ☐ Nitrophenol
   ☐ 2 - 4 - Dichlorophenoxyacetic Acid (2-4-D)
   ☐ Pyrethroid
   ☐ Warfarin
   ☐ Superwarfarin
   ☐ Zinc phosphide
   ☐ Unknown
   ☐ Others (please specify) : _____

7. If chemical is the poisoning agent(s), please state type if known
   (Tick ☑ more than one if mixture is used)

   ☐ Therapeutic drugs (pharmaceutical)
   ☐ Metals
   ☐ Gases
   ☐ Agrochemical (excluding pesticide)
   ☐ Solvents
   ☐ Others (please specify) : _____
   ☐ Other industrial chemical
   ☐ Household products (e.g. clorox)
   ☐ Kerosene
   ☐ Unknown

8. Likely route (s) of poisoning :
   (Tick ☑ more than one if mixed)

   ☐ Oral
   ☐ Dermal
   ☐ Inhalation
   ☐ Mixed
   ☐ Others (please specify) : _____

9. Circumstances of poisoning

   ☐ Occupational
   ☐ Suicidal/ Parasuicidal
   ☐ Homicidal
   ☐ Accidental

10. Was first aid given at the site of poisoning?

    ☐ Yes
    ☐ No

11. Is poisoning confirmed by laboratory investigation ?

    ☐ Yes ☐ No
    ☐ Others (please specify) : _____

12. Outcome of poisioning

    ☐ Outpatient treatment
    ☐ Admitted to ward for _____ days
    ☐ Dead on arrival at hospital
    ☐ Died after _____ days treated in the ward
    ☐ Discharge at own risk