

NOTIFICATION OF OCCUPATIONAL SKIN DISEASE

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

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 A - Notifier
(Regulation 7(2) Registered Medical Practitioner)

Name

Designation

Address of clinic / hospital

Contact no. _____

Part C - Occupational Skin 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. Duration of symptoms (by years, months or days)

2. Type of occupational skin disease

a) Occupational Dermatitis : Unknown Allergic Irritant Irritant & Allergic

b) Occupational Skin Cancer

- Premalignant Papilloma or Keratosis
- Carcinoma - In - situ
- Basal Cell Carcinoma
- Squamos Cell Carcinoma
- Others (please specify) : _____

c) Other occupational skin disease

- Occupational acne
- Skin burns
- Occupational leukoderma
- Skin infections
- Others (please specify) : _____

Suspected causal agent : _____

3. Source of case

- Skin clinic
- Occupational Health Clinic
- Health Clinic (*Klinik Kesihatan*)
- Other Specialist Clinic (please specify) _____
- Others (please specify) : _____

4. Relevant past or family story : Yes No

If yes, please specify : _____

5. Is patient atopic Yes No Unsure

6. Relevant job(s)

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

7. Outcome 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

8. Existing control

- Engineering Control
- Standard Operating Procedure (SOP)
- Training / Education / Work Schedule / Rotation
- Personal Protective Equipment (PPE)
- Others (please specify) : _____