

NOTIFICATION OF OCCUPATIONAL SKIN DISEASE

Send to:
 Pengarah Kesihatan Negeri
 Jabatan Kesihatan Negeri _____

Part A - Detail of 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 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): _____

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)
 - Other (please specify): _____