**NOTIFICATION OF OCCUPATIONAL LUNG DISEASE**

Location of incident

State

District

Name and address of organization

Female

Gender

Male

Occupation

YY

MM

DD

New IC/Passport no.

Name

Date of birth

**Part B - Affected person**

/ /

Contact no.

Designation

Address of clinic/hospital

Name

**Part A - Detail of Notifier**

(Regulation 7(2) Registered Medical Practitioner)

Send to:

Pengarah Kesihatan Negeri Jabatan Kesihatan Negeri

# (JKKP 7)

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| **Part C - Occupational Lung Disease** |
| Date of diagnosisDiagnosis/Provisional diagnosis | DD | / /MM | YY |

1. What kind of work did the patient do which may be associated with the disease? (Describe the work activities)
2. What was the hazard or agent been exposed to the patient?
3. How long had the patient been exposed to the hazard or agent?
4. How long had the patient been experiencing the symptoms?

**Part D**

Nationality

Ethnic group

Signature of Notifier

Date

Name and address of attenfing doctor (Official Stamp)

1. Duration of symptoms
2. Type of occupational lung disease

Occupational asthma Inhalation incident Hypersensivity pneumonitis Bronchitis/Emphysema Infectious diseases (e.g. TB)

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Pneumoconiosis (incl. asbestosis, silicosis)

Other occupational lung disease (please specify): Suspected causal agent:

1. Source of case

Chest clinic

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Occupational Health Clinic Health Clinic *(Klinik Kesihatan)*

Other Specialist Clinic (please specify): Others (please specify):

1. Is patient a smoker?

(by years, months or days)

Lung cancer Mesothelioma

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Non - malignant pleural disease Byssinosis

Building related respiratory illness Fibrotic lung disease

Current

1. Is patient atopic?

Yes

1. Relevant job(s)

Ex-smoker

No

Unsure

Never smoked

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| **Type of work/industry** | **Job title** | **Duration of employment**(by years, months or days) |
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1. 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

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Changed job/alternative employment Away from work due to illness

Early retirement Unemployed

1. Existing control

Engineering Control

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Standard Operating Procedure (SOP) Training/Education/Work Schedule/Rotation Personal Protective Equipment (PPE)

Other (please specify)