**NOTIFICATION OF OCCUPATIONAL POISONING/DISEASE**

Location of incident

State

District

Name and address of organization

Occupation

e

Name

**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

**WEHU - D1 (JKKP 7)**

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| --- | --- | --- | --- | --- |
| Date of birth |  |  |  | New IC/Passport no. |
| / | / |  |  |  |
| DD MM  Nationality |  | YY |  | Gender |
|  |  |  |  | Male Femal |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part C - Occupational Poisoning/Disease** | | | |
| Date of diagnosis  Diagnosis/Provisional diagnosis | DD | / /  MM | YY |
| **Part D** | | | |
| 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? | | | |

Ethnic group

Signature of Notifier

Date

Name and address of attenfing doctor (Official Stamp)

1. Date of occurrence

**WEHU - D2**

/ /

DD MM YY

1. Time
2. Place of occurrence

Home

Workplace Others

1. Name(s) of poisoning agent(s) Trade name

Active ingredient

1. Type of poisoning

Pesticide; Chemical;

Proceed to Question 6 Proceed to Question 7

1. If pesticide is the poisoning agent(s), please state type if known

(Tick

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more than one if mixture is used) Paraquat

Glyphosate

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Organophosphate Carbamate Thiocarbamate Organochlorine Nitrophenol

2 - 4 - Dichlorophenoxyacetic Acid (2-4-D) Pyrethroid

Warfarin Superwarfarin Zinc phosphide Unknown

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Others (please specify):

1. If chemical is the poisoning agent(s), please state type if known

(Tick

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more than one if mixture is used)

Therapeutic drugs (pharmaceutical) Metals

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Gases

Agrochemical (excluding pesticide) Solvents

Others (please specify):

Other industrial chemical Household products (e.g. clorox) Kerosene

Unknown

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1. Likely route(s) of poisoning: 9. Circumstances of poisoning

(Tick

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Oral

more than one if mixed)

Occupational

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Dermal Inhalation Mixed

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Others (please specify):

1. Was first aid given at the site of poisoning? Yes

No

1. Is poisoning confirmed by laboratory investigation? Yes No

Others (please specify):

1. Outcome of poisoning

Outpatient treatment

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Admitted to ward for days Dead on arrival at hospital

Suicidal/Parasuicidal Homicidal Accidental

Died after days treated in the ward Discharge at own risk (DAMA)