**NOTIFICATION OF OCCUPATIONAL SKIN 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)

Nationality

Ethnic group

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

d) How long had the patient been experiencing the symptoms?

c) How long had the patient been exposed to the hazard or agent?

b) What was the hazard or agent been exposed to the patient?

a) What kind of work did the patient do which may be associated with the disease? (Describe the work activities)

**Part D**

Name and address of attenfing doctor (Official Stamp)

Signature of Notifier

Date

1. Duration of symptoms (by years, months or days)
2. Type of occupational skin disease
	1. Occupational Dermatitis:

Unknown

Allergic

Irritant

Irritant & Allergic

* 1. Occupational Skin Cancer

Premalignant Papilloma or Keratosis Carcinoma - In - situ

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Basal Cell Carcinoma

Squamos Cell Carcinoma Others (please specify):

Suspected causal agent:

1. Source of case

Skin clinic

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Occupational Health Clinic Health Clinic *(Klinik Kesihatan)*

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

1. Relevant past or family story: If yes, please specify:

Yes No

1. Is patient atopic?

Yes No

Unsure

1. Relevant job(s)

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| --- | --- | --- |
| **Type of work/industry** | **Job title** | **Duration of employment**(by years, months or days) |
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DD MM YY

1. Outcome on

/ /

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):