

## OCCUPATIONAL SAFETY AND HEALTH ORDINANCE NOTIFICATION OF OCCUPATIONAL DISEASES

To : Commissioner for Labour

**PARTICULARS OF PATIENT**

Name: \_\_\_\_\_ HKID/Passport no.: \_\_\_\_\_

Male/Female\*      Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Occupation: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone no. (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Pager/Mobile) \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_ Telephone no. (Employer) \_\_\_\_\_

Workplace address (if different from employer's address): \_\_\_\_\_

For Internal  
use:

Code: \_\_\_\_\_

Code: \_\_\_\_\_

Code: \_\_\_\_\_

Code: \_\_\_\_\_

**NOTIFIABLE OCCUPATIONAL DISEASES** (Please put a tick in )

|                             |  |                             |  |                             |   |
|-----------------------------|--|-----------------------------|--|-----------------------------|---|
| <input type="checkbox"/> 1  | Radiation Illness  | <input type="checkbox"/> 18 | Lead Poisoning   | <input type="checkbox"/> 35 | Chrome Ulceration                                     |
| <input type="checkbox"/> 2  | Heat Cataract  | <input type="checkbox"/> 19 | Manganese Poisoning  | <input type="checkbox"/> 36 | Urinary Tract Cancer                                  |
| <input type="checkbox"/> 3  | Compressed Air Illness   | <input type="checkbox"/> 20 | Phosphorus Poisoning   | <input type="checkbox"/> 37 | Peripheral Polyneuropathy                             |
| <input type="checkbox"/> 4  | Cramp of Hand or Forearm                                       | <input type="checkbox"/> 21 | Arsenic Poisoning  | <input type="checkbox"/> 38 | Localised Papillomatous or Keratotic New Skin Growth  |
| <input type="checkbox"/> 5  | Beat Hand  | <input type="checkbox"/> 22 | Mercury Poisoning  | <input type="checkbox"/> 39 | Occupational Vitiligo                                 |
| <input type="checkbox"/> 6  | Beat Knee  | <input type="checkbox"/> 23 | Carbon Bisulphide Poisoning                                    | <input type="checkbox"/> 40 | Occupational Dermatitis                               |
| <input type="checkbox"/> 7  | Beat Elbow   | <input type="checkbox"/> 24 | Benzene Poisoning  | <input type="checkbox"/> 41 | Chemical Induced Upper Respiratory Tract Inflammation |
| <input type="checkbox"/> 8  | Tenosynovitis of Hand or Forearm                               | <input type="checkbox"/> 25 | Poisoning by Nitro-, Amino-, or Chloro- Derivatives of Benzene | <input type="checkbox"/> 42 | Nasal or Paranasal Sinus Cancer                       |
| <input type="checkbox"/> 9  | Anthrax  | <input type="checkbox"/> 26 | Dinitrophenol Poisoning  | <input type="checkbox"/> 43 | Byssinosis  |
| <input type="checkbox"/> 10 | Glanders   | <input type="checkbox"/> 27 | Poisoning by Halogen Derivatives of Hydrocarbons               | <input type="checkbox"/> 44 | Occupational Asthma                                   |
| <input type="checkbox"/> 11 | Leptospirosis  | <input type="checkbox"/> 28 | Diethylene Dioxide Poisoning                                   | <input type="checkbox"/> 45 | Silicosis   |
| <input type="checkbox"/> 12 | Extrinsic Allergic Alveolitis                                  | <input type="checkbox"/> 29 | Chlorinated Naphthalene Poisoning                              | <input type="checkbox"/> 46 | Asbestos-Related Diseases                             |
| <input type="checkbox"/> 13 | Brucellosis  | <input type="checkbox"/> 30 | Poisoning by Oxides of Nitrogen                                | <input type="checkbox"/> 47 | Occupational Deafness                                 |
| <input type="checkbox"/> 14 | Tuberculosis in health care workers                            | <input type="checkbox"/> 31 | Beryllium Poisoning  | <input type="checkbox"/> 48 | Carpal Tunnel Syndrome                                |
| <input type="checkbox"/> 15 | Parenterally Contracted Viral Hepatitis in health care workers | <input type="checkbox"/> 32 | Cadmium Poisoning  | <input type="checkbox"/> 49 | Legionnaires' Disease                                 |
| <input type="checkbox"/> 16 | Streptococcus suis Infection                                   | <input type="checkbox"/> 33 | Dystrophy of the Cornea  | <input type="checkbox"/> 50 | Severe Acute Respiratory Syndrome                     |
| <input type="checkbox"/> 17 | Avian Chlamydiosis   | <input type="checkbox"/> 34 | Skin Cancer  | <input type="checkbox"/> 51 | Avian Influenza A                                     |

Diagnosis: Confirm/Suspect\*      Date of onset of illness: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Follow-up of patient: Treated/Referred to hospital/Others(specify)\*: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

Name of notifying medical practitioner: \_\_\_\_\_

Address of notifying medical practitioner: \_\_\_\_\_

Telephone no. of notifying medical practitioner: \_\_\_\_\_

Fax no. of notifying medical practitioner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*Delete whichever is inapplicable*

Please return this form by **fax (no. 25812049)** or by **mail** to Occupational Health Service, Labour Department, 15/F Harbour Building, 38 Pier Road, Central, Hong Kong.

For details of Notifiable Occupational Diseases and their related occupations, please refer to Schedule 2 of the Occupational Safety & Health Ordinance and to the Labour Department publication "Guidance Notes on the Diagnosis of Notifiable Occupational Diseases". Enquiry telephone no. : 2852 4041.