

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. of employer: _____

For Internal use:
Code: _____
Code: _____
Code: _____
Code: _____

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

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

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: _____

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.

Please
affix
stamp

Occupational Health Service

Labour Department
15/F, Harbour Building
38, Pier Road
Central
Hong Kong