

# 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.