New Jersey Department of Health and Senior Services
Occupational Health Service
P.O. Box 360
Trenton, NJ 08625-0360

OCCUPATIONAL AND ENVIRONMENTAL DISEASE, INJURY,OR POISONING REPORT BY HEALTH CARE PROVIDER

*INSTRUCTIONS: In accordance with N.J.A.C. 8:58-1.5, health care providers must report any patient who is ill or diagnosed with any disease, injury, or poisoning listed below within 30 days after the disease, injury, or poisoning has been diagnosed or treated. In addition, suspect cases or patients with other occupational diseases may be reported. All information **MUST** be completed. Mail **complete** report to above address or fax to (609) 292-5677. Additional information, report forms, or business reply envelopes may be obtained from the above address, or by calling (609) 984-1863. This form is also available online in Microsoft Word and in PDF format at www.nj.gov/health/eoh/survweb.*

Date

PATIENT INFORMATION

Name of Patient (Print)

(First) (MI) (Last)

Date of Birth

Street Address

Age (If DOB Unavailable)

City | State | Zip Code

Home Telephone Number
( )

Sex
☐Male ☐Female

Race
☐White ☐Am. Ind./ Alaskan Native ☐Other
☐Black ☐Asian/Pacific Islander

Hispanic Origin
☐Yes ☐No ☐Unknown

DIAGNOSTIC INFORMATION

Date of Onset of Disease, Injury, or Poisoning
____ / ____ / _______

Diagnosis:

- ☐Work-Related Asthma
  - ☐Possible
  - ☐Probable
  - ☐Confirmed
- ☐Extrinsic Allergic Alveolitis
- ☐Silicosis
- ☐Asbestosis
- ☐Pneumoconiosis, Other and Unspecified
- ☐Occupational Dermatitis
- ☐Other Occupational Disease - Specify: __________

- ☐Work-Related Fatal Injury
- ☐Work-Related Injury in Children (Under Age 18)
- ☐Work-Related Carpal Tunnel Syndrome
- ☐Poisoning Caused by Known or Suspected Occupational Exposure
- ☐Pesticide Toxicity

☐Lead Toxicity, Adult
(Blood $\geq$ 25 µg/dl; Urine $\geq$ 80 µg/L)
Blood = ____ µg/dL
Urine = ____ µg/L

☐Arsenic Toxicity, Adult
(Blood $\geq$ .07 µg/mL; Urine $\geq$ 100 µg/L)
Blood = ____ µg /mL
Urine = ____ µg /L

☐Mercury Toxicity, Adult
(Blood $\geq$ 2.8 µg/dL; Urine $\geq$ 20 µg/L)
Blood = ____ µg/dL
Urine = ____ µg/L

☐Cadmium Toxicity, Adult
(Blood $\geq$ 5 µg/L whole blood;
Urine $\geq$ 3 µg/gram creatinine)
Blood = ____ µg/L whole blood
Urine = ____ µg/gram creatinine

Name and Address of Laboratory Which Performed the Testing, If Applicable

Laboratory Name __________
Street Address __________
City __________ State ____ Zip ____

PLACE OF EXPOSURE / INJURY

Company Where Exposure/Injury Occurred

Name __________
Street Address __________ Phone No. ______
City __________ State ____ Zip ____

Job Title or Type of Work Performed by Patient

Patient-Reported Cause of Symptoms

HEALTH CARE PROVIDER INFORMATION

Name of Health Care Provider (Print)

Telephone Number
( )

Address

Facility Name __________
Street Address __________
City __________ State ____ Zip ____

Indicate Any Reasons Why the Patient Should <u>NOT</u> be Contacted

Comments by Health Care Provider, if Any