

Report of a case of disease

Filling in this form. This form must be filled in by an employer or other responsible person.

Part A

About you

1. What is your Title / First name / Surname?

2. What is your job title?

3. What is your telephone number?

4. What is your email address?

5. What is their status?

Employee	Self-employed	Other
Member of the Public	Trainee	
Employed by someone else	Work experience	

About your organisation

5. What is the name of your organisation?

6. What is the address?

Property
Street
Locality
Town
County
Postcode
E-mail

7. Does the affected person usually work at this address?

No Yes

No - where do they usually work?

6. If 'Other' or 'Employed by someone else', specify details:

Part C

Doctor

1. What is their Title / First name / Surname?

Property
Street
Locality
Town
County
Postcode

Part D

Disease

1. Disease Type Description (see page 3 for a full list of Disease Types)

2. Date diagnosed

(Please use format: dd/mm/yyyy)

3. Disease Description (continue on the next page if necessary)

Part B

About the affected person

1. What is your Title / First name / Surname?

2. Age

3. Gender

Male

Female

4. What is their job title?

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Part D (continued)

Disease

4. Date reported (Please use format: dd/mm/yyyy)

5. Fatality No Yes

6. District Council

- | | |
|---|--|
| <input type="checkbox"/> Antrim & Newtownabbey Borough Council | <input type="checkbox"/> Lisburn & Castlereagh City Council |
| <input type="checkbox"/> Armagh City, Banbridge & Craigavon Borough Council | <input type="checkbox"/> Ards & North Down Borough Council |
| <input type="checkbox"/> Belfast City Council | <input type="checkbox"/> Newry, Mourne & Down District Council |
| <input type="checkbox"/> Fermanagh & Omagh District Council | <input type="checkbox"/> Mid and East Antrim Borough Council |
| <input type="checkbox"/> Causeway Coast & Glens District Council | <input type="checkbox"/> Mid-Ulster District Council |
| <input type="checkbox"/> Derry City & Strabane District Council | |

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part E

Your Signature

Date

Where to send the form

Please send this form to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to:
Health and Safety Executive for Northern Ireland (HSENI)
83 Ladas Drive, Belfast. BT6 9FR
Or fax it to: 028 9023 5383 Or E-mail: online@hse ni.gov.uk

Disease description (please use this space, if necessary)

For official use				
Client Ref #	Workplace Ref #	CMS Case Ref #	<input type="checkbox"/> IVP REP	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="text"/>		

Report of a case of disease

No.	Disease Types
1	INFLAMMATION, ULCERATION OR MALIGNANT DISEASE OF SKIN DUE TO IONISING RADIATION
2	MALIGNANT DISEASES OF THE BONES DUE TO IONISING RADIATION
3	BLOOD DYSCRASIA DUE TO IONISING RADIATION
4	CATARACT DUE TO ELECTROMAGNETIC RADIATION
5	DECOMPRESSION ILLNESS
6	BARATRAUMA RESULTING IN LUNG OR ORGAN DAMAGE
7	DYSBARIC OSTEONECROSIS
8	CRAMP OF THE HAND OR FOREARM DUE TO REPETITIVE MOVEMENTS
9	SUBCUTANEOUS CELLULITIS OF THE HAND
10	BURSITIS OR SUBCUTANEOUS CELLULITIS AT OR ABOUT THE KNEE
11	BURSITIS OR SUBCUTANEOUS CELLULITIS AT OR ABOUT THE ELBOW
12	TRAUMATIC INFLAMMATION OF THE TENDONS OF THE HAND OR FOREARM
13	CARPAL TUNNEL SYNDROME
14	HAND-ARM VIBRATION SYNDROME
15	ANTHRAX
16	BRUCELLOSIS
17	CHLAMYDIOSIS (AVIAN & OVINE)
18	HEPATITIS
19	LEGIONELLOSIS
20	LEPTOSPIROSIS
21	LYME DISEASE
22	Q FEVER
23	RABIES
24	STREPTOCOCCUS SUIS
25	TETANUS
26	TUBERCULOSIS
27	INFECTION ATTRIBUTABLE TO SPECIFIED WORK <small>(Work with Microorganisms; work with live or dead human beings involving exposure to blood or body fluids; work with animals or any potentially infected material derived from any of the above)</small>
28	POISONING <small>(By any of the following: acrylamide monomer, arsenic, benzene or a homologue of benzene, beryllium, cadmium, carbon disulphide, diethylene dioxide (dioxan), ethylene oxide, lead, manganese, mercury, methyl bromide, nitrochlorobenzene, oxides of nitrogen or phosphorus)</small>
29	CANCER OF A BRONCHUS OR LUNG
30	PRIMARY CARCINOMA OF THE LUNG WHERE THERE IS ACCOMPANYING EVIDENCE OF SILICOSIS
31	CANCER OF THE URINARY TRACT
32	BLADDER CANCER
33	ANGIOSARCOMA OF THE LIVER
34	PERIPHERAL NEUROPATHY
35	CHROME ULCERATION (NOSE, THROAT, THE SKIN OF THE HANDS OR FOREARM)
36	FOLLICULITIS FROM WORK INVOLVING EXPOSURE TO MINERAL, OIL, TAR, PITCH OR ARSENIC
37	ACNE FROM WORK INVOLVING EXPOSURE TO MINERAL, OIL, TAR, PITCH OR ARSENIC
38	SKIN CANCER FROM WORK INVOLVING EXPOSURE TO MINERAL, OIL, TAR, PITCH OR ARSENIC
39	PNEUMOCONIOSIS (EXCLUDING ASBESTOSIS)
40	BYSSINOSIS
41	MESOTHELIOMA
42	LUNG CANCER
43	ASBESTOSIS
44	CANCER OF THE NASAL CAVITY OR ASSOCIATED AIR SINUSES
45	OCCUPATIONAL DERMATITIS
46	EXTRINSIC ALVEOLITIS (INCLUDING FARMERS LUNG)
47	OCCUPATIONAL ASTHMA