WEHU - L1
(JKKP 7)

NOTIFICATION OF OCCUPATIONAL LUNG DISEASE

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

Part A - Notifier
(Regulation 7(2) Registered Medical Practitioner)

Name

Designation

Address of clinic / hospital

Contact no.

Part B - Affected person

Name

Date of Birth / / (DD MM YY)

New IC/ Passport no.

Nationality.

Gender ☐ Male ☐ Female

Ethnic Group

Occupation

Name and address of organization

District

State

Location of incident

Part C - Occupational Lung Disease

Date of diagnosis / / (DD MM YY)

Diagnosis/ Provisional diagnosis

Part D

a) What kind of work did the patient do which may be associated with the disease? (Describe the work activities)

b) What was the hazard or agent been exposed to the patient?

c) How long had the patient been exposed to the hazard or agent?

d) How long had the patient been experiencing the symptoms?

Signature of Notifier

Date

Name and address of attending doctor (Official Stamp)

1 Duration of symptoms _____ (by years, months or days)

2 Type of occupational lung disease

- ☐ Occupational asthma
- ☐ Inhalation incident
- ☐ Hypersensivity pneumonitis
- ☐ Bronchitis/ Emphysema
- ☐ Infectious diseases (e.g. TB)
- ☐ Pneumoconiosis (incl. asbestosis, silicosis)
- ☐ Lung cancer
- ☐ Mesothelioma
- ☐ Non - malignant pleural disease
- ☐ Byssinosis
- ☐ Building related respiratory illness
- ☐ Fibrotic lung disease
- ☐ Other occupational lung disease (please specify) : _____

Suspected causal agent : _____

3 Source of case

- ☐ Chest clinic
- ☐ Occupational Health Clinic
- ☐ Health Clinic (*Klinik Kesihatan*)
- ☐ Other Specialist Clinic (please specify) : _____
- ☐ Others (please specify) : _____

4 Is patient a smoker ?

☐ Current ☐ Ex-smoker ☐ Never smoked

5 Is patient atopic ?

☐ Yes ☐ No ☐ Unsure

6 Relevant job(s)

Type of work/ industry	Job title	Duration of employment (by years, months or days)

7 Outcome on DD ☐☐ - MM ☐☐ - YY ☐☐

- ☐ Still expose to the agent at the workplace but using personal protective equipment
- ☐ Still expose to the agent at the workplace but not using personal protective equipment
- ☐ Same place of work but no longer expose to agent
- ☐ Changed job/ alternative employment
- ☐ Away from work due to illness
- ☐ Early retirement
- ☐ Unemployed

8 Existing control

- ☐ Engineering Control
- ☐ Standard Operating Procedure (SOP)
- ☐ Training / Education / Work Schedule / Rotation
- ☐ Personal Protective Equipment (PPE)
- ☐ Other (please specify) : _____