

NOTIFICATION OF OCCUPATIONAL POISONING/DISEASE

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

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

Name

Designation

Address of clinic/hospital

Contact no. _____

Part B - Affected person

Name

Date of birth _____ New IC/Passport no. _____
DD / MM / YY
Nationality _____ Gender Male Female
Ethnic group _____ Occupation _____
Name and address of organization

District _____ State _____
Location of incident _____

Part C - Occupational Poisoning/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. Date of occurrence

/	/	
DD	MM	YY

2. Time

3. Place of occurrence

 Home

 Workplace

 Others

4. Name(s) of poisoning agent(s)

Trade name

Active ingredient

5. Type of poisoning

 Pesticide; Proceed to Question 6

 Chemical; Proceed to Question 7

6. If pesticide is the poisoning agent(s), please state type if known

(Tick more than one if mixture is used)
 Paraquat

 Glyphosate

 Organophosphate

 Carbamate

 Thiocarbamate

 Organochlorine

 Nitrophenol

 2 - 4 - Dichlorophenoxyacetic Acid (2-4-D)

 Pyrethroid

 Warfarin

 Superwarfarin

 Zinc phosphide

 Unknown

 Others (please specify): _____

7. If chemical is the poisoning agent(s), please state type if known

(Tick more than one if mixture is used)
 Therapeutic drugs (pharmaceutical)

 Metals

 Gases

 Agrochemical (excluding pesticide)

 Solvents

 Others (please specify): _____

 Other industrial chemical

 Household products (e.g. clorox)

 Kerosene

 Unknown

8. Likely route(s) of poisoning:

(Tick more than one if mixed)
 Oral

 Dermal

 Inhalation

 Mixed

 Others (please specify): _____

9. Circumstances of poisoning

 Occupational

 Suicidal/Parasuicidal

 Homicidal

 Accidental

10. Was first aid given at the site of poisoning?

 Yes

 No

11. Is poisoning confirmed by laboratory investigation?

 Yes

 No

 Others (please specify): _____

12. Outcome of poisoning

 Outpatient treatment

 Admitted to ward for _____ days

 Dead on arrival at hospital

 Died after _____ days treated in the ward

 Discharge at own risk (DAMA)