



Occupational Health Surveillance Program
Massachusetts Department of Public Health (DPH)
CONFIDENTIAL REPORT OF OCCUPATIONAL DISEASE AND INJURY

INSTRUCTIONS: In accordance with 105 C.M.R. 300.000, healthcare providers must report any patient with a suspected or confirmed diagnosis of any disease or injury listed below that is believed to have been caused or aggravated by factors in the individual's workplace. Cases should be reported within ten days of diagnosis or identification. PLEASE PRINT.

Reporting Source Information

Reporting Date: ____ / ____ / ____
Month Day Year

Reporting Healthcare Provider: _____

Name of Institution/Clinic: _____

Address: _____

Phone: (____) _____ Medical Specialty: _____

Patient Information

Patient's Name: _____

Patient's Address: _____

Home/Cell Phone: (____) _____ Date of Birth: ____ / ____ / ____ Sex: ☐ Male ☐ Female
Month Day Year

Race (check all that apply):

- ☐ White ☐ American Indian/Alaska Native
☐ Black/African American ☐ Native Hawaiian or Pacific Islander
☐ Asian ☐ Other (specify): _____

Hispanic/Latino: ☐ Yes ☐ No

Preferred Language: _____

Occupation or type of work performed by patient: _____

Company where exposure/injury occurred: _____

Type of business or industry: _____

Is patient still employed at company? ☐ Yes ☐ No

Occupational Diagnosis

Is the diagnosis: ☐ Suspected ☐ Confirmed

Date of Diagnosis: ____ / ____ / ____
Month Day Year

- ☐ **Work-related asthma.** ☐ New-onset asthma ☐ Work-aggravated asthma ☐ Reactive Airways Dysfunction Syndrome (RADS)

Suspected Agent(s): _____

- ☐ **Other work-related lung disease.** Specify: _____

- ☐ **Serious work-related injury to person <18-years-old.** Specify: _____

- ☐ **Acute chemical poisoning.** Specify: _____

- ☐ **Heavy metal absorption.** Specify: _____

- ☐ **Outbreak or cluster.** Describe: _____

Remarks: _____

Return this report to:

DPH Occupational Health Surveillance Program, 250 Washington St., 4th floor, Boston, MA 02108.

Confidential FAX: (857) 323-8376.

For more information or to report by phone, call: (617) 624-5632. THANK YOU.

Please note: Disease outbreaks/clusters should be reported by phone

OCCUPATIONAL ILLNESS/INJURY REPORTING GUIDELINES FOR HEALTHCARE PROVIDERS

Healthcare providers should report ALL suspected OR confirmed cases of reportable conditions

WORK-RELATED ASTHMA

Report all persons with:

- A. a diagnosis of asthma; AND
- B. an association between symptoms and work.

Note: Reportable cases include persons newly sensitized by exposures at work OR with preexisting asthma exacerbated by exposures at work OR persons for whom a one-time exposure to chemicals at work resulted in generalized airway hyperactivity (RADS).

OTHER WORK-RELATED LUNG DISEASE

Chemical or Hypersensitivity Pneumonitis

Report all persons with:

- A. a diagnosis of pneumonitis; AND
- B. a history of recent occupational exposure to a suspect agent(s) (e.g. irritant, sensitizer, organic dust, microbe)

Pneumoconiosis

Report all persons with a diagnosis of silicosis, asbestosis, berylliosis or other pneumoconiosis

Other

Report all persons with:

- A. a diagnosis of COPD, infectious disease, bronchiolitis obliterans, beryllium disease or other lung disease; AND
- B. suspicion of work causation or exacerbation

WORK-RELATED HEAVY METAL ABSORPTION

Report all persons with:

- A. The following findings:
 - Cadmium: blood >5µg/L, OR urine >5 µg/g creatinine
 - Mercury: blood >15µg/L, OR urine >35 µg/g creatinine
 - Other heavy metals, except lead*: Levels of other heavy metals (e.g. arsenic) that exceed the testing laboratory's reference value; AND
- B. a history of occupational exposure to the heavy metal in question

*Healthcare providers are NOT required to report persons with elevated blood lead levels. Massachusetts clinical laboratories report all blood lead levels >0 µg/dL in persons 15 years and older to the Massachusetts Occupational Lead Poisoning Registry.

WORK-RELATED ACUTE CHEMICAL POISONING

Report all persons with:

- A. The following conditions:
 - Carbon monoxide poisoning: a diagnosis of carbon monoxide poisoning
 - Pesticide poisoning: a diagnosis of acute systemic illness or localized findings due to pesticides (include dermatitis and eye injury)
 - Other acute poisonings: acute systemic poisoning by chemicals (e.g. hydrogen sulfide); AND
- B. a history of occupational exposure to the chemical in question

Note: Persons with anoxia caused by oxygen deficient work environments should be reported.

WORK-RELATED DISEASE OUTBREAK OR CLUSTER

Report any work-related disease outbreak/cluster, regardless of whether the disease is included among the listed reportable conditions. A work-related disease outbreak/cluster is the occurrence of any illness in excess of the number of cases usually expected among workers at the same place of employment.

SERIOUS WORK-RELATED INJURIES TO PERSONS UNDER 18 YEARS OF AGE

Report any minor with a serious work-related traumatic injury, defined as an injury which results in death, hospitalization, or, in the judgment of the treating physician, will result in

- A. significant scarring or disfigurement, OR
- B. permanent disability, OR
- C. significant loss of consciousness, OR
- D. loss of a body part or bodily function, OR
- E. which the physician determines is less significant but is of the same or similar nature to injuries previously sustained at the same place of employment.

Written materials on reportable conditions and other occupational health issues are available for healthcare providers and their patients. Please contact the Occupational Health Surveillance Program, 250 Washington St. 4th floor, Boston, MA 02108. (617) 624-5632.