Today's Date:	/	/	
Today's Date:	/	/	

## REPORT OF OCCUPATIONAL ILLNESS OR INJURY

See reverse for instructions

	Patient's Name (Last, First, Middle)			Home Phone		osis/Injury Date or nen Collection Date	
Patient Information	Social Security No.      Address (Number and Street)	Date of Birth	Age	Sex  Male Femal Race White Black Asian Unkn	☐ American 1		
Pati	City	State		Zip	County		
☐ Che	ck here if patient is deceased	Date of death	_/	/			
Employer Information	Patient's Job Title		Туре	of Business (Products r	nanufactured o	r work done)	
	Employer's Name			Phone			
	Address: Number and Street	Contact Person	City		State	Zip	
. ⊆	Physician, Medical Facility, or Labora	tory sending in this report	•		Phone	•	
orter natio				)			
Reporter Information	Address: Number and Street		City		State	Zip	
	Name of Facility, Employe	er, or Physician Who Requ	uested the I	Laboratory Analysis	Phone		
	Name of Facility, Employer, or Physician who Requested the I  Contact Person  Address: Number and Street			City	( State	( )	
	Address: Number and Stre	ei		City	State	Zip	
Comme	nts/Other relevant information?						

Occupational Surveillance Unit
Occupational and Environmental Epidemiology Branch
Division of Public Health
North Carolina Department of Health and Human Services
1912 Mail Service Center, Raleigh, NC 27699-1912
919-733-1145 • 1-800-200-7090
919-733-9555 (FAX)

## **Occupational Health Surveillance Program**

The Occupational Health Surveillance Program is collecting information about occupational diseases, illnesses, and injuries in North Carolina. Pursuant to N.C. General Statutes 130A-455 through -458, physicians and laboratories are required to report certain occupational diseases, illnesses, and injuries. Although not mandated to report, medical facilities are strongly encouraged to do so. Persons who report are immune from civil liability pursuant to G.S. 130A-459. All information reported is considered *confidential*; identifying information is protected within the confidentiality guidelines for the Epidemiology and Communicable Disease Section, NCDHHS.

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	Occupational Health Surveillance Pro Occupational and Environmental Epid Division of Public Health	•
	NCDHHS	
	1912 Mail Service Center	
	Raleigh, NC 27699-1912	
CONFIDENTIAL REPORT		
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Physician/Medical Facility Reporting: In accordance with 15A NCAC 19C .0701 through .0703, the following are reportable within 15 working days: silicosis; asbestosis; and serious and preventable injuries caused by tractors, farm equipment or farm machinery that occur while working on a farm. Physicians are also required to report adult (age ≥18 years) blood lead levels of 40 ug/dL or greater, when a laboratory is not reporting results (i.e., out-of-state laboratory analysis). Please complete the information requested on the reverse of this page for cases which fit the above descriptions. Enter any additional information that you feel is relevant in the comment section. Examples include factors suspected of contributing to the disease development, the cause of the farm injury, etc. Mail or FAX the completed form to the address listed at the top of this page.

Laboratory Reporting: In accordance with 15A NCAC 19C .0701 through .0703, laboratory operators are required to report adult (age  $\geq$ 18 years) blood lead levels of 40ug/dL or greater within 15 working days. Please complete the information on the reverse of this page for all such cases. Laboratories must complete information on the employer/physician who requested the laboratory analysis. Although laboratories are not required to report information on patient's employer, if such information is available, please report it. Mail or FAX the completed form to the address listed at the top of this page.