

MAINE OCCUPATIONAL DISEASE SURVEILLANCE FORM

Please complete this form on all patients with a reportable occupational disease. Return form to: Occupational Disease Registry Maine Center for Disease Control and Prevention Environmental and Occupational Health Programs 11 SHS, 286 Water Street, Key Bank Plaza, 3rd Floor. Augusta, Maine 04333-0011 For any questions: (207) 287-5378 Fax (207) 287-3981 TTY: 1-800-606-0215	CLINICIAN OR FACILITY Name: _____ Address: _____ _____ Phone# _____ Contract Person: _____
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PATIENT NAME (Last)	(First)	(Middle)	(Maiden or aliases)
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PATIENT'S ADDRESS AT DIAGNOSIS	(Street, City, State, Zip Code)
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RACE (Check one) <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other	Date of Birth (Month, Day, Yr)	Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
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Does Patient Currently smoke? No Yes If yes, how many pack(s) a day? _____

Is there any reason we should not contact this patient directly? <input type="checkbox"/> Ok to contact patient <input type="checkbox"/> Please do not contact the patient for the following reasons(s): _____	Patient's Telephone number (including area code)
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OCCUPATION/JOB TYPE For fishers, please indicate the method of fishing employed, e.g. diving, trawling, digging, gillnetting, dredging, etc	INDUSTRY For fishers, please indicate the type of fish caught or harvested, e.g., scallops, lobster, haddock, etc
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NAME OF EMPLOYER And ADDRESS

TELEPHONE NUMBER OF EMPLOYER (including area code)

REPORTABLE DISEASE Date of visit _____
IF TEST TAKEN COLLECTION DATE _____

Please check one of the following: Work-Related Not Work-Related Suspect Work-Related Unknown

Check all that apply

Agriculturally – related injury (includes farming, logging, and fishing). Please describe how injury occurred, and the physical findings of the injury. _____

Asbestosis

Byssinosis

Carpal Tunnel Syndrome

Heavy Metal Poisoning Arsenic (level)____ Cadmium (level)____ Lead (level) Mercury (level)____

Hypersensitivity Pneumonitis (caused by _____)

Mesothelioma

Occupational Asthma (caused by _____)

Outbreaks (agent _____)

Pesticide Poisoning (name of pesticide _____)

Silicosis

Solvent Toxicity (name of solvent _____)

Toxic Gas Poisoning (Ammonia Chlorine Hydrogen Sulfide)

Other (please describe) _____

Comments:

COMPLETED BY	DATE:
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