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: Relay 711

CLINICIAN OR FACILITY

Name:_____

Address:_____
_____

Phone#_____
Contract Person:_____

PATIENT NAME (Last) (First) (Middle) (Maiden or aliases)

PATIENT'S ADDRESS AT DIAGNOSIS (Street, City, State, Zip Code)

RACE (Check one)
☐ Caucasian/White ☐ Black ☐ American Indian
☐ Asian ☐ Unknown ☐ Other_____

Ethnicity
☐ Hispanic
☐ Non-Hispanic
☐ Other_____

Date of Birth
(Month, Day, Yr)

Sex (Check one)
☐ Male
☐ Female

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? ☐ Ok to contact patient

☐ Please do not contact the patient for the following reasons(s):_____

Patient's Telephone number
(including area code)

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

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:

CONFIDENTIAL INFORMATION