

NOTIFICATION OF A DIAGNOSIS OF ASBESTOSIS



NSW HEALTH USE ONLY

Date received: ___ / ___ / _____

Record Number _____

PATIENT DETAILS

Last Name:

Language spoken at home:

First Name:

Country of birth:

Phone:

Occupation:

Address:

Date of death (if applicable): ___ / ___ / _____

Postcode

Indigenous status:

Date of birth: ___ / ___ / _____ Age:

Aboriginal Torres Strait Islander

Gender: Male Female Other

Both Aboriginal and Torres Strait Islander

Not Aboriginal or Torres Strait Islander

Not stated

DETAILS OF DISEASE

1. Date of diagnosis: ___ / ___ / _____

5. Please provide details of the current or most recent employer where the patient worked with asbestos-containing materials.

2. Details of diagnosis:

.....
.....
.....
.....

Company name:

Workplace address:

3. Details of workplace exposure:

.....
.....
.....
.....

Phone:

Contact person:

4. Is the patient still working in the industry?

Yes No

6. Any other comments about diagnosis:

.....
.....
.....
.....

DIAGNOSING DOCTOR/SPECIALIST DETAILS

Name:

Phone:

Address:

Postcode

Notification date: ___ / ___ / _____

This form can be sent to NSW Health either (1) by secure fax to 9391 9960, or (2) by scanning and emailing to MOH-EHB@health.nsw.gov.au
Information on this form may be disclosed to NSW WHS Regulators to enable them to perform functions under the *Work Health and Safety Act 2011*