****

**REPORT ON INDUSTRIAL DISEASE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 1** What are the personal details of the person diagnosed with the disease? | | | |
| Mr./Mrs./Ms./Miss | First Name | | Surname |
|  |  | |  |
| Date of Birth | | Age | |
|  | |  | |
| Persons Home Address | | | |
|  | | | |

|  |  |
| --- | --- |
| **Section 2** Personal Contact Details | |
| Telephone number | Email Address |
|  |  |

|  |  |
| --- | --- |
| **Section 3** What is the address where the employee normally works? | |
| Address | |
|  | |
| Telephone Number | Job Title |
|  |  |

|  |  |
| --- | --- |
| **Section 4** Which part of the Council or South Tyneside homes does the employee work in ? | |
| Council or Homes | Directorate |
|  |  |
| Service | Department |
|  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5** What was the Disease Category | | | | | | | | | |
| Asthma |  | Biological Agent |  | Carpal Tunnel |  | Covid-19 |  | Cramp of the Hand or Forearm |  |
| Deafness |  | Hand and Arm vibration |  | Occupational Cancer |  | Tendonitis |  | Other |  |
| Specify Other | | | | | | | | | |

|  |
| --- |
| **Section 6** When was disease diagnosed/confirmed |
| Date |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 7** How was the disease diagnosed/confirmed | | | | | | | | | |
| Consultant |  | Doctor |  | In Hospital |  | Test |  | Other |  |
| Specify Other | | | | | | | | | |

|  |
| --- |
| **Section 8** If diseased has resulted in a change of occupation of the person being diagnosed. please explain what below |
|  |

|  |
| --- |
| **Section 9** If diseased has **not** resulted in a change of occupation of the person being diagnosed. please explain what reasonable adjustments have been made below |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 10** Have you reported the Disease immediately reportable under **RIDDOR?** | | Yes | No |
|  | |  |  |
| **What is the report reference number?** | |  | |
| Who reported it? | Date Reported? | | |
|  |  | | |

|  |  |  |
| --- | --- | --- |
| **Section 11** Details of Person completing this form | | |
| Name (Block Capitals) | Occupation | Date of Completion |
|  |  |  |