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**REPORT ON INDUSTRIAL DISEASE**

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

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

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

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| **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      |

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

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

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| **Section 8** If diseased has resulted in a change of occupation of the person being diagnosed. please explain what below |
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| **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 |
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| **Section 10** Have you reported the Disease immediately reportable under **RIDDOR?**  | Yes | No |
|  | [ ]  | [ ]  |
| **What is the report reference number?** |       |
| Who reported it? | Date Reported? |
|       |       |

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