

NOTIFICATION OF A DIAGNOSIS OF SILICOSIS



NSW HEALTH USE ONLY:

Date Received _____ Record Number _____

PATIENT DETAILS

Last name: _____
 First name: _____
 Phone: _____
 Address: _____
 _____ Postcode: _____
 Date of birth (DD/MM/YYYY) ___/___/_____
 Gender: M F Other
 Indigenous status: Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Not Aboriginal or Torres Strait Islander Not stated
 Language spoken at home: _____
 Country of birth: _____
 Occupation: _____
 Age: _____
 Date of death (if applicable) ___/___/_____

Construction

Residential
 Civil
 Underground tunnelling/excavation
 Site preparation/landscaping

Other

Other

6. Is the patient still working in the industry?

Yes No

7. Please provide details of the current or most recent employer where the patient worked with silica containing materials

Company name: _____
 Workplace address: _____

 Phone: _____
 Contact person: _____

8. Any other comments about the diagnosis:

DETAILS OF DISEASE

1. Type of diagnosis:

Acute Silicosis
 Chronic Silicosis
 Accelerated Silicosis

2. Percentage of lung function impairment: _____

3. Date of diagnosis: ___/___/_____

4. Which tests or scans were completed to confirm diagnosis?

X-ray
 Spirometry
 CT Scan

5. What is the primary industry where the exposure occurred (tick):

Manufacturing
 Manufactured stone products
 Concrete products
 Clay brick and tile products
 Fibre cement
 Foundry

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*