



# Occupational Disease and Injury Report Form

## State of Alaska, Division of Public Health

### Section of Epidemiology



Per 7 AAC 27.017, health care providers are required to report patients with a disease, injury, or other condition of public health importance that is known or suspected to be a result of the person's occupation or work activities to the Division of Public Health. Reports must be made within 5 working days of the date of diagnosis. Forms and definitions may be found at <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/crforms.aspx>.

Reporting Agency/Clinician \_\_\_\_\_ Phone Number \_\_\_\_\_

Patient Name \_\_\_\_\_ Medical Record Number \_\_\_\_\_  
Last Name First Name Middle Initial

Residence \_\_\_\_\_  
City or Village

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female  
MM DD YYYY

Race  White  Other \_\_\_\_\_ Ethnicity  Non-Hispanic  
 Black  Unknown  Hispanic  
 Asian/Pacific Islander  Unknown  
 American Indian/Alaska Native

**Disposition (Check all that apply)**

Hospitalized (Admitted \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_)  
MM DD YYYY MM DD YYYY

ER  Outpatient  Died  Unknown

Transferred to other medical facility (specify): \_\_\_\_\_

Occupation or Job Title\*: \_\_\_\_\_  
\*write in occupation and industry or use the lists on page 2

Industry: \_\_\_\_\_

Activity, if other than usual work duties: \_\_\_\_\_

**For Occupational Disease:**

Date of onset of illness: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Where onset of illness occurred: \_\_\_\_\_  
Out of state?  City/Village/Closest Community

Was the victim working at time of onset of symptoms?  
 Yes  No  Unknown

<b>Exposure Route:</b>	<b>Reason:</b>
<input type="checkbox"/> Aspiration (with ingestion)	<input type="checkbox"/> Unintentional
<input type="checkbox"/> Bite/sting	<input type="checkbox"/> Intentional
<input type="checkbox"/> Dermal	<input type="checkbox"/> Environmental
<input type="checkbox"/> Ingestion	<input type="checkbox"/> Unknown
<input type="checkbox"/> Inhalation/nasal	
<input type="checkbox"/> Ocular	
<input type="checkbox"/> Parenteral	
<input type="checkbox"/> Other	
<input type="checkbox"/> Unknown	

Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Diagnosis: \_\_\_\_\_

**For Occupational Injury:**

Date of injury: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Where injury occurred: \_\_\_\_\_  
Out of state?  City/Village/Closest Community

Was the victim working at time of injury?  
 Yes  No  Unknown

<b>Type of Injury:</b>	<b>Reason:</b>
<input type="checkbox"/> Amputation	<input type="checkbox"/> Unintentional
<input type="checkbox"/> Electrical	<input type="checkbox"/> Intentional
<input type="checkbox"/> Penetrating	<input type="checkbox"/> Environmental
<input type="checkbox"/> Thermal	<input type="checkbox"/> Unknown

**Location of Injury:**

<input type="checkbox"/> Head/Face/Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Back/buttocks
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Unknown
<input type="checkbox"/> Upper Extremities	<input type="checkbox"/> Lower Extremities	

Circumstance: \_\_\_\_\_

Please FAX reports to (907) 269-2041 – Please verify FAX has been transmitted.

**Lists of Occupational and Industrial Standard Classification Categories** (Check only one in each list)

**Category of Worker's Occupation**

- Management
- Business and Financial Operations
- Computer and Mathematical Sciences
- Architecture and Engineering
- Life, Physical, and Social Sciences
- Community and Social Services
- Legal
- Education, Training, and Library
- Arts, Design, Entertainment, Sports, and Media
- Healthcare Practitioner and Technicians
- Healthcare Support Services
- Protective Services
- Food Preparation and Serving
- Build and Grounds Cleaning and Maintenance
- Personal Care and Service
- Sales and Sales-Related Services
- Office and Administrative Support
- Farm, Forestry, and Fishing
- Construction, Excavation, and Extraction
- Installation, Repair, and Maintenance
- Production
- Transportation and Material Moving
- Other (Specify): \_\_\_\_\_
- Unknown

**Category of Worker's Industry**

- Agriculture, Forestry, Fishing, and Hunting
- Mining
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing
- Information
- Finance and Insurance
- Real Estate, Rental, and Leasing
- Professional, Scientific, and Technical Services
- Management of Companies and Enterprises
- Administrative Support Services, Waste Management
- Services, and Remediation Services
- Educational Services
- Healthcare and Social Assistance
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Installation, Repair, and Maintenance
- Public Administration
- Active Duty Military
- Other (Specify): \_\_\_\_\_
- Unknown