Occupational Disease and Injury Report Form
State of Alaska, Division of Public Health
Section of Chronic Disease Prevention and Health Promotion

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. Contact: Section of Chronic Disease Prevention and Health Promotion: https://health.alaska.gov/dph/Chronic/Pages/default.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
☐ Black
☐ Asian/Pacific Islander
☐ American Indian/Alaska Native
☐ Other _____
☐ Unknown

Ethnicity
☐ Non-Hispanic
☐ Hispanic
☐ Unknown

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: _____
City/Village/Closest Community
Out of state? ☐

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

Exposure Route:
☐ Aspiration (with ingestion)
☐ Bite/sting
☐ Dermal
☐ Ingestion
☐ Inhalation/nasal
☐ Ocular
☐ Parenteral
☐ Other
☐ Unknown

Reason:
☐ Unintentional
☐ Intentional
☐ Environmental
☐ Unknown

Date of diagnosis: ____/____/_____
MM DD YYYY

Diagnosis: _____

For Occupational Injury:

Date of injury: ____/____/_____
MM DD YYYY

Where injury occurred: _____
City/Village/Closest Community
Out of state? ☐

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

Type of Injury:
☐ Amputation
☐ Electrical
☐ Penetrating
☐ Thermal

Reason:
☐ Unintentional
☐ Intentional
☐ Environmental
☐ Unknown

Location of Injury:
☐ Head/Face/Neck ☐ Chest ☐ Back/buttocks
☐ Shoulders ☐ Abdomen ☐ Unknown
☐ Upper Extremities ☐ Lower Extremities

Circumstance: _____

Please FAX reports to (907)-269-5446 – 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