



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	<input type="checkbox"/>	Biological Agent	<input type="checkbox"/>	Carpal Tunnel	<input type="checkbox"/>	Covid-19	<input type="checkbox"/>	Cramp of the Hand or Forearm	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	Hand and Arm vibration	<input type="checkbox"/>	Occupational Cancer	<input type="checkbox"/>	Tendonitis	<input type="checkbox"/>	Other	<input type="checkbox"/>
Specify Other									

<b>Section 6</b> When was disease diagnosed/confirmed	
Date	

<b>Section 7</b> How was the disease diagnosed/confirmed									
Consultant	<input type="checkbox"/>	Doctor	<input type="checkbox"/>	In Hospital	<input type="checkbox"/>	Test	<input type="checkbox"/>	Other	<input type="checkbox"/>
Specify Other									

<b>Section 8</b> If diseased has resulted in a change of occupation of the person being diagnosed. please explain what below

<b>Section 9</b> If diseased has <b>not</b> resulted in a change of occupation of the person being diagnosed. please explain what reasonable adjustments have been made below

<b>Section 10</b> Have you reported the Disease immediately reportable under <b>RIDDOR?</b>	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
<b>What is the report reference number?</b>		
Who reported it?	Date Reported?	

<b>Section 11</b> Details of Person completing this form		
Name (Block Capitals)	Occupation	Date of Completion