

Infectious Disease and Environmental Health
Maryland Department of Health and Mental Hygiene
CONFIDENTIAL REPORT OF OCCUPATIONAL DISEASE AND INJURY

INSTRUCTIONS: In accordance with MD Code Ann., Environment § 6-702, healthcare providers must report any patient with a confirmed or suspected diagnosis of any of the diseases or injuries listed below which is believed to have been caused or aggravated by factors in the individual's workplace. Cases should be reported within ten days of diagnosis or identification. PLEASE PRINT.

Reporting Source Information

Reporting Date: ____/____/____
mo. day year

Reporting Physician: _____ Name of Institution/Clinic: _____

Address: _____

Telephone: (____) _____ Medical Specialty: _____

Patient Information

Patient's Name: _____
Last First Middle Initial

Patient's Address: _____
Street City State Zip Code

Home Telephone: (____) _____ Date of Birth: ____/____/____ Sex: Male Female
mo. day year

Race (check all that apply): Hispanic: Yes No
 White American Indian/Alaska Native Unknown Ethnicity: _____
 Black/African American Native Hawaiian or Pacific Islander
 Asian Other Race (specify): _____ (Specify up to 3: e.g. Brazilian, Vietnamese, etc.)

Occupation or type of work performed by patient: _____

Company where exposure/injury reportedly occurred: _____
Name City State

Type of Business or Industry: _____ Is patient still employed at company? Yes No Unknown
(e.g. electronics manufacturing, automotive repair, health care services)

Occupational Diagnosis Is the diagnosis: confirmed suspected Date of Diagnosis: ____/____/____
mo. day year

Work-related asthma (if checked, please complete the following information) Suspected Agent: _____
 New-onset asthma (due to workplace exposure)
 Work-aggravated asthma (pre-existing asthma aggravated by workplace exposure)
 Reactive Airways Dysfunction Syndrome (RADS) (asthma resulting from a one-time acute exposure at work)

Other lung disease (if checked, please complete the following information)
 Asbestosis Chemical pneumonitis (suspected agent: _____)
 Silicosis Beryllium disease

Work-related carpal tunnel syndrome

Serious work-related traumatic injury to person <18-years-old (if checked, please complete the following information)
Diagnosis: _____ Cause of injury, if known: _____

Acute chemical poisoning (if checked, please complete the following information)
 Carbon monoxide poisoning
 Pesticide poisoning
 Other: _____

Heavy metal absorption (if checked, please complete the following information)
 Mercury level: _____ date of test: ____/____/____
 Cadmium level: _____ date of test: ____/____/____

Remarks: _____

Return this report to Environmental Health Bureau, DHMH, 201 West Preston Street, Room 327, Baltimore, MD 21201. FAX: (410) 333-5995.
For more information or to file a report by phone, call toll-free: 1-866-703-3266. Messages will be returned within 1 business day. THANK YOU.
Please note: Disease outbreaks/clusters should be reported by phone.

OCCUPATIONAL ILLNESS AND INJURY REPORTING GUIDELINES FOR PHYSICIANS

Healthcare Workers should report all diagnosed OR suspected cases of the reportable conditions.

OCCUPATIONAL LUNG DISEASE

Asthma

Report all persons with:

- A. A physician's diagnosis of asthma; AND
- B. An association between symptoms of asthma and work.

Note: Reportable cases include persons newly sensitized by exposures at work, OR with pre-existing asthma exacerbated by exposures at work, OR persons for whom a one-time exposure to a chemical (s) at work resulted in generalized airway hyperactivity.

Asbestosis

Report all persons with:

- A. A physician's provisional or working diagnosis of asbestosis; OR
- B. A chest radiograph interpreted as consistent with asbestosis; OR
- C. Pathologic findings consistent with asbestosis.

Note: Persons with asbestos-related pleural disease without parenchymal fibrosis are not required to be reported.

Silicosis

Report all persons with:

- A. A physician's provisional or working diagnosis of silicosis; OR
- B. A chest radiograph interpreted as consistent with silicosis; OR
- C. Pathologic findings consistent with silicosis.

Chemical Pneumonitis

Report all persons with:

- A. A physician's provisional or working diagnosis of chemical pneumonitis; AND
- B. A history of recent occupational exposure to a chemical irritant(s).

Beryllium Disease

Report all persons with:

- A. A physician's provisional or working diagnosis of beryllium disease including:
 1. acute chemical pneumonitis related to beryllium exposure; OR
 2. interstitial lung disease related to beryllium exposure. OR
- B. Pathologic findings consistent with beryllium disease.

WORK-RELATED HEAVY METAL ABSORPTION

Cadmium

Report all persons with:

- A. Cadmium: greater than 5 µg/l of blood, OR urine greater than 5 µg/g creatinine; AND
- B. A history of occupational exposure to cadmium or an unknown source of cadmium exposure.

Mercury

Report all persons with:

- A. Mercury: greater than 15 µg/l of blood, OR urine greater than 35 µg/g creatinine; AND
- B. A history of occupational exposure to mercury or an unknown source of mercury exposure.

Lead

Under COMAR 26.02.01, Maryland clinical laboratories report all blood lead levels in persons under age 19 directly to the Maryland Lead Program. Physicians may also report elevated lead levels in the blood or urine to the Maryland Lead Hotline, 1-800-776-2706.

Other Heavy Metals

Report all persons with:

- A. A level of any other heavy metal (e.g. arsenic, manganese, chromium) which exceeds the testing laboratory's reference value; AND
- B. A history of occupational exposure to the heavy metal in question or an unknown source of heavy metal exposure.

WORK-RELATED CARPAL TUNNEL SYNDROME

Report all persons with:

- A. A physician's provisional or working diagnosis of carpal tunnel syndrome; AND
- B. A history of work involving one or more of the following activities prior to the development of symptoms:
 1. Frequent repetitive movements of the hand(s) or wrist(s) on the affected side(s);
 2. Regular tasks requiring the generation of high force by the hand(s) on the affected side(s);
 3. Regular or sustained tasks requiring awkward hand positions on the affected side(s);
 4. Regular use of vibrating hand-held tools;
 5. Frequent or prolonged pressure over the wrist or base of the palm on the affected side(s).

SERIOUS WORK-RELATED INJURIES TO PERSONS LESS THAN 18 YEARS OF AGE

Report any minor with a serious work-related traumatic injury. A serious work-related traumatic injury is defined as an injury which results in death or hospitalization, or, in the judgment of the treating physician, results in, or will result in:

- A. Significant scarring or disfigurement; OR
- B. Permanent disability; OR
- C. Protracted loss of consciousness; OR
- D. Loss of a body part or bodily function; OR
- E. Is less significant but similar to injuries sustained by other patients at the same place of employment.

WORK-RELATED ACUTE CHEMICAL POISONING

Carbon Monoxide Poisoning

Report all persons with:

- A. A physician's diagnosis of carbon monoxide poisoning; AND
- B. A history of occupational exposure to carbon monoxide or an unknown source of exposure.

Pesticide Poisoning

Report all persons with:

- A. A physician's provisional or working diagnosis of acute systemic illness or localized finding due to pesticides; AND
- B. A history of occupational exposure to pesticides.

Note: Dermatitis and/or eye injury due to pesticide exposure at work should also be reported.

Other Acute Poisonings

Report all persons with acute systemic poisoning caused by occupational exposure to any other chemical (e.g. cyanide, hydrogen sulfide, chlorinated hydrocarbon solvents).

Note: Persons with anoxia caused by oxygen deficient work environments should be reported.

WORK-RELATED DISEASE OUTBREAKS

Report any work-related disease outbreak/cluster, regardless of whether or not the disease is included among the reportable conditions listed above. A work-related disease outbreak is the occurrence of any illness in excess of normal expectation among workers at the same place of employment. Such outbreaks may be caused by exposures to a physical, biological or chemical hazard(s) in the workplace.

Contact us: MD Department of Health and Mental Hygiene, Environmental Health Bureau, 201 W. Preston Street, Room 327, Baltimore, MD 21201, 1-866-703-3266, Fax 1-410-333-5995;

Email: dhmh.envhealth@maryland.gov, Website:

<http://phpa.dhmh.maryland.gov/pages/environmental.aspx>