

UCSI/IBC/ANNEX 3
OCCUPATIONAL DISEASE/EXPOSURE INVESTIGATION FORM

DIAGNOSIS/PROVISIONAL DIAGNOSIS

Particulars of Treatment:

Nil

First Aid

Outpatient Treatment

Admission to Hospital

Medical Certificate Given Yes No

Duration of MC _____ Days

DESCRIPTION OF EVENTS (Describe tasks being performed and sequence of events. Use appendix if necessary)

a) What kind of work is done by the personnel that may be associated with the disease?
Please describe the work activities involved.

b) What was the hazard or agent being exposed to the personnel?

c) How long had the personnel been exposed to the hazard or agent?

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d) What are the symptoms and how long had the personnel been experiencing the symptoms?

Signature of Principal Investigator
Name:
Date:

Signature of Biosafety Officer
Name:
Date:

Signature of IBC Chair
Name:
Date:

Send a copy to NBB, Department of Biosafety,
Ministry of Natural Resources & Environment, Level 1, Podium 2,
Precinct 4, 62574 Putrajaya.
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