

## Notification of a case of confirmed or suspected occupational ill health

### Section A – Details of the person affected

Full name and Address			
Date of Birth		Sex (m or F)	
Contact details including telephone number			

Status (tick as appr)	Employee		Postgraduate		Undergraduate	
	Trainee		Outside Contractor		Visitor/Any Other Person	
If Employee / Trainee - Job Title, Occupation or Trade						

### Section B – Location and nature of work

Department or Location and phone	
Nature of work activity which might be relevant to this Notification	

### Section C – Details of occupational ill health being notified

Give a brief description of the occupational ill health being notified

The Occupational Health Unit may contact you to obtain further details.

### Section D – Confirmation of occupational ill health

This case of occupational ill health has been confirmed by a registered medical practitioner (tick one box only)	Yes		No	
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### Section E – details of reportee

Signature of person making report		Date	
Print name and contact details of person making report			

Please ensure you have completed the contact information of the person being notified and on completion, send a copy to the Occupational Health Unit, Drummond Street Annexe, Drummond Street and retain a copy in a confidential file within the School/Department.