

Claim Number:

EXPOSURE HISTORY

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Section 6A(b) – Commissioner's Rules, Forms and Particulars – Annexure 23]

Additional information required in all cases of occupational diseases, where applicable.

NAME OF EMPLOYEE.....

IDENTITY NUMBER.....

1. PLEASE STATE THE PERIOD (S) THE EMPLOYEE WORKED IN ENVIRONMENTS WITH EXPOSURES RELATED TO HIS/HER DISEASE. (Start with the most recent employer)

EMPLOYER	PERIOD		OCCUPATION	EXPOSURE
	From:	To:		

2. DESCRIPTION OF EXPOSURE EMANATING FROM THE WORKPLACE CONCERNED

2.1 Describe the types of occupations, the work methods used and the materials to which the employee may have been exposed

Examples of occupations: - Mason in a blast furnace; grinding of sandstone; stone mason; monumental mason; welding; boiler making; metals casting; boiler or pipe insulation; quarry work; use of abrasive powders; tunnelling; mine working (surface or underground)

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2.2 Year of first exposure

2.3 The duration / years of exposure (which may not be the same as years in an occupation)
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2.4 The frequency of exposure (once per week for an hour or 8 hours every day)
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2.5 Provide any objective measurements of exposure where applicable (supply details if possible eg material safety data sheets, risk assessments or results of environmental hygiene assessments)

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3. SMOKING HISTORY

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4. NON OCCUPATIONAL ENVIRONMENTAL OR LEISURE TIME EXPOSURES

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5. ANY RELEVANT ADDITIONAL INFORMATION

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REPORTING OFFICER

DATE.....

ADDRESS.....

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Telephone number/s.....

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