

Illness investigation form



Workers or their representatives can use this form to document and create an exposure profile for workers with a potential or diagnosed occupational illness. Note: This form could be subpoenaed (e.g. for use in a compensation claim appeal).

Date: _____

General			
Name (worker):		Next of kin (if employee deceased):	
Address:			
Telephone (personal and work):		Email (personal and work):	
Personal:		Personal:	
Work:		Work:	
Work profile			
Date of hire:	Length of service:	Length of average shift:	Hours worked per week:
Positions held	Description of tasks (e.g. materials used)	Potential exposures	
Exposure profile			
Hazard:		Location:	
Description of exposure:			
Route of entry:		Frequency:	Length of time:
Inhalation (e.g. mouth, nose)		Once	Constant
Absorption (e.g. skin, eyes)		Hourly	Minutes _____
Ingestion (e.g. swallowing)		Daily	Hours _____
Injection (e.g. needle)		Weekly	Other: _____
		Monthly	
		Other: _____	

Symptoms, causes and diagnosis	
Symptoms:	
Cause(s) of the illness: <i>(Attach any certificate of death, autopsy report, medical opinions from employee or next of kin)</i>	
Note: A diagnosis will not always provide a cause of illness.	
Has the worker received a diagnosis? Y N	By whom?
Diagnosis:	Date of diagnosis:

Medical assessment and treatment		
Healthcare providers consulted:	Date:	Treatment and prognosis, if any:

Attached information		
Block diagram of workplace	Process flowchart	WSIB Form 6
Exposure records/reports	Safe work procedure	WSIB Form 7
Workplace surveys	Body map	WSIB Form 8
Safety Data Sheet	Exposure map	Functional Abilities Form
Relevant MOL report/orders	Medical assessment	WSIB Form 3958A
Occupational hygiene reports	Relevant JHSC minutes	Other: _____

Name and contact information of workers suffering from similar signs and symptoms, if any	Description of illness, if any

Additional notes

Signature: _____

Signature: _____