

Illness investigation form

Worker health and safety 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 exposure:	
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: _____	

Diagnosis

Has the worker received a diagnosis? Y N	By whom?
Diagnosis:	Date of diagnosis:

Cause(s) of the illness: *(Attach any certificate of death, autopsy report, medical opinions from employee or next of kin)*

Symptoms:

Medical treatment

Healthcare specialist consulted:	Date:	Prognosis, if any:

Attached information

Block diagram of workplace Exposure records/reports Workplace surveys Safety Data Sheet Relevant MOL report/ orders Occupational hygiene reports	Process flowchart Safe work procedure Body map Exposure map Medical assessment Relevant JHSC minutes	WSIB Form 6 WSIB Form 7 WSIB Form 8 Functional Abilities Form WSIB Form 3958A Other _____
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Name and contact info of workers suffering from similar signs and symptoms	Description of illness
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Additional notes

Signature: _____

Signature: _____