

# CONFIDENTIAL REPORT OF WORK-RELATED ASTHMA

Safety & Health Assessment & Research for Prevention (SHARP)

Department of Labor & Industries

PO Box 44330, Olympia WA 98504-4330

[Lni.wa.gov/Safety/Research/OccHealth/Asthma](http://Lni.wa.gov/Safety/Research/OccHealth/Asthma)

Phone: 360-902-5669 Fax: 360-902-5672

*Return completed form SHARP by mail or fax.*

Name of Person Submitting Report		
Reporting Date (mm/dd/yyyy)	Phone Number of Person Submitting Report	
Patient's Name (Last, First, Middle)		
Patient's Address	Patient's Phone Number	Patient's Date of Birth (mm/dd/yyyy)
City, State ZIP Code	Patient's Age	Patient's Sex <input type="checkbox"/> M <input type="checkbox"/> F
Patient's Occupation		
Patient's Employer (Include Company Name, City, and State)		
Name of Suspected Chemical or Agent		
Work-Related Asthma Classification <input type="checkbox"/> New-Onset Asthma <input type="checkbox"/> Work-Aggravated Asthma <input type="checkbox"/> Reactive Airways Dysfunction Syndrome (RADS)		
Date of Symptom Onset (mm/dd/yyyy)	Date of Diagnosis (mm/dd/yyyy)	
Diagnosing Physician's Name	Diagnosing Physician's Specialty	
Diagnosing Physician's Address	Diagnosing Physician's Phone Number	
City, State ZIP Code		

*Thank you for your time submitting this case report!*

