

Confidential Report of Work-Related Silicosis

Submit form to the SHARP program by fax 360-902-5672

WA State Department of Labor and Industries

Safety & Health Assessment & Research for Prevention Program (SHARP)

WA State Occupational Respiratory Disease Surveillance Program

SHARP Toll-free: 1-888-667-4277; or Phone: 360-902-5669

SHARP Email: SHARP@Lni.wa.gov

1. Name of person submitting report 2. Phone number of person submitting report 3. Reporting date (mm/dd/yyyy)

4. Patient's last name 5. Patient's first name 6. Patient's middle name

7. Patient's best contact number 8. Patient's date of birth (mm/dd/yyyy)

9. Patient's street address

10. City 11. State 12. Zip code 13. Patient's sex
 M F Prefer not to say

14. Patient's ethnicity as identified by the patient (Choose ONE)

- Hispanic, Latino/a, Latinx
- Non-Hispanic, Latino/a, Latinx
- Patient declined to respond
- Unknown

15. Patient's race as identified by the patient (Choose ONE or MORE)

- | | | |
|--|---|---|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Bamar /Burman | <input type="checkbox"/> Cham |
| <input type="checkbox"/> Afro-Caribbean | <input type="checkbox"/> /Burmese | <input type="checkbox"/> Chicano/a or Chicanx |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Congolese |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Black or African | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Asian | <input type="checkbox"/> America | <input type="checkbox"/> Dominican |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Central American | <input type="checkbox"/> Egyptian |

- | | | |
|---|---|--|
| <input type="checkbox"/> Eritrean | <input type="checkbox"/> Kuwaiti | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Lao | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Saudi Arabian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Somali |
| <input type="checkbox"/> First Nations | <input type="checkbox"/> Marshallese | <input type="checkbox"/> South African |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Mestizo | <input type="checkbox"/> South American |
| <input type="checkbox"/> Hmong/Mong | <input type="checkbox"/> Mexican/Mexican American | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Indigenous-Latino/a or Indigenous-Latinx | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Mien | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Iranian | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Iraqi | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Ugandan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Nepalese | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Jordanian | <input type="checkbox"/> North African | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Karen | <input type="checkbox"/> Oromo | <input type="checkbox"/> White |
| <input type="checkbox"/> Kenyan | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Yemeni |
| <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other race |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Patient declined to respond |
| | <input type="checkbox"/> Romanian/Rumanian | <input type="checkbox"/> Unknown |

16. Patient's language as identified by the patient (Choose ONE or MORE)

- | | | |
|--|--|--|
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Swahili/Kiswahili |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Kinyarwanda | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Balochi/Baluchi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Kosraean | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Lao | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Chinese (unspecified) | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Chamorro | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Chuukese | <input type="checkbox"/> Mixteco | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Dari | <input type="checkbox"/> Nepali | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Oromo | <input type="checkbox"/> Other language |
| <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Panjabi/Punjabi | <input type="checkbox"/> Patient declined to respond |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Pashto | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Filipino/Pilipino | <input type="checkbox"/> Portuguese | |
| <input type="checkbox"/> French | <input type="checkbox"/> Romanian/Rumanian | |
| <input type="checkbox"/> German | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Sign languages | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Somali | |
| <input type="checkbox"/> Karen | <input type="checkbox"/> Spanish/Castilian | |

17. Name of patient's employer

18. Employer's location (city and state)

19. What does this company do or manufacture?

20. Patient's occupation

21. Patient's work tasks during exposure

22. Is the employer aware of this case?

Yes

No

Don't Know

23. Is the employer aware that this exposure is causing disease?

Yes

No

Don't Know

24. What is the form or substance that contains the silica (i.e. concrete, engineered stone)?

25. Silicosis classification (Choose ONE)

Acute silicosis (2 months - 2 years with very high exposure)

Chronic silicosis (15-20 years of low-moderate exposure)

Accelerated silicosis (5-10 years with high exposure)

Undetermined

26. Date of symptom onset (mm/dd/yyyy)

27. Date of diagnosis (mm/dd/yyyy)

28. Did or will a workers' compensation claim be filed for this individual?

Yes

No

Don't Know

29. Do you know or suspect additional cases of respiratory disease at this employer or within the industry?

Yes

No

Don't Know

30. Diagnosing physician's name

31. Diagnosing physician's specialty

32. Diagnosing physician's phone number

33. Diagnosing physician's email

34. Name of clinic where patient received care

35. Street address of clinic where patient received care

36. City

37. State

38. Zip code

39. Is there anything else you would like to add?

Thank you for submitting this case report!

If you have additional concerns about worker exposure to this agent, please email us at SHARP@Lni.wa.gov and put **ATTN: Occ Resp Disease Program in subject line.**

The Occupational Notifiable Conditions (WAC 246-101) that are reportable to the SHARP program include: work-related asthma, silicosis, and hypersensitivity pneumonitis.

Program Website: Lni.wa.gov/safety-health/safety-research/ongoing-projects/occupational-respiratory-disease#report-work-related-asthma

Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.
