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| **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 | | | | | | |
| 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/yyy) | |
|  | | |  | |  | |
| City, State ZIP Code | | | Patient’s Age | | Patient’s Sex | |
|  | | |  | | M | F |
| Patient’s Occupation | | | | | | |
|  | | | | | | |
| Patient’s Employer (Include Company Name, City, and State) | | | | | | |
|  | | | | | | |
| Name of Suspected Chemical or Agent | | | | | | |
|  | | | | | | |
| Work-Related Asthma Classification | | | | | | |
| New-Onset Asthma | Work-Aggravated Asthma | | | Reactive Airways Dysfunction Syndrome (RADS) | | |
| Date of Symptom Onset (mm/dd/yyyy) | | | Date of Diagnosis (mm/dd/yyyy) | | | |
|  | | |  | | | |
| Diagnosing Physician’s Name | | | Diagnosing Physican’s Specialty | | | |
|  | | |  | | | |
| Diagnosing Physican’s Address | | | Diagnosing Physican’s Phone Number | | | |
|  | | |  | | | |
| City, State ZIP Code | | | | | | |
|  | | | | | | |
|  | | | | | | |
| *Thank you for your time submitting this case report!* | | | | | | |
| C:\Users\maen235\Desktop\sharp logo.png | | | C:\Users\maen235\Desktop\L&I logo.png | | | |