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| **CONFIDENTIAL REPORT OF WORK-RELATED ASTHMA** |
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| 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 |