



Occupational Disease and Injury Report Form

State of Alaska, Division of Public Health

Section of Epidemiology



Per 7 AAC 27.017, health care providers are required to report patients with a disease, injury, or other condition of public health importance that is known or suspected to be a result of the person's occupation or work activities to the Division of Public Health. Reports must be made within 5 working days of the date of diagnosis. Forms and definitions may be found at <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/default.aspx>.

Reporting Agency/Clinician _____ Phone Number _____

Patient Name _____ Medical Record Number _____
Last Name First Name Middle Initial

Residence _____
City or Village

Date of birth _____ Sex: Male Female
MM DD YYYY

Race White Other _____ Ethnicity Non-Hispanic
 Black Unknown Hispanic
 Asian/Pacific Islander Unknown
 American Indian/Alaska Native

Disposition (Check all that apply)

Hospitalized (Admitted MM/DD/YYYY Discharged MM/DD/YYYY)

ER Outpatient Died Unknown

Transferred to other medical facility (specify): _____

Occupation or Job Title*: _____
*write in occupation and industry or use the lists on page 2

Industry: _____

Activity, if other than usual work duties: _____

For Occupational Disease:

Date of onset of illness: _____
MM DD YYYY

Where onset of illness occurred: _____
City/Village/Closest Community
 Out of state?

Was the victim working at time of onset of symptoms?
 Yes No Unknown

Exposure Route:	Reason:
<input type="checkbox"/> Aspiration (with ingestion)	<input type="checkbox"/> Unintentional
<input type="checkbox"/> Bite/sting	<input type="checkbox"/> Intentional
<input type="checkbox"/> Dermal	<input type="checkbox"/> Environmental
<input type="checkbox"/> Ingestion	<input type="checkbox"/> Unknown
<input type="checkbox"/> Inhalation/nasal	
<input type="checkbox"/> Ocular	
<input type="checkbox"/> Parenteral	
<input type="checkbox"/> Other	
<input type="checkbox"/> Unknown	

Date of diagnosis: _____
MM DD YYYY

Diagnosis: _____

For Occupational Injury:

Date of injury: _____
MM DD YYYY

Where injury occurred: _____
City/Village/Closest Community
 Out of state?

Was the victim working at time of injury?
 Yes No Unknown

Type of Injury:	Reason:
<input type="checkbox"/> Amputation	<input type="checkbox"/> Unintentional
<input type="checkbox"/> Electrical	<input type="checkbox"/> Intentional
<input type="checkbox"/> Penetrating	<input type="checkbox"/> Environmental
<input type="checkbox"/> Thermal	<input type="checkbox"/> Unknown

Location of Injury:

<input type="checkbox"/> Head/Face/Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Back/buttocks
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Unknown
<input type="checkbox"/> Upper Extremities	<input type="checkbox"/> Lower Extremities	

Circumstance: _____

Please FAX reports to (907) 269-2041 – Please verify FAX has been transmitted.

Lists of Occupational and Industrial Standard Classification Categories (Check only one in each list)

Category of Worker's Occupation

- Management
- Business and Financial Operations
- Computer and Mathematical Sciences
- Architecture and Engineering
- Life, Physical, and Social Sciences
- Community and Social Services
- Legal
- Education, Training, and Library
- Arts, Design, Entertainment, Sports, and Media
- Healthcare Practitioner and Technicians
- Healthcare Support Services
- Protective Services
- Food Preparation and Serving
- Build and Grounds Cleaning and Maintenance
- Personal Care and Service
- Sales and Sales-Related Services
- Office and Administrative Support
- Farm, Forestry, and Fishing
- Construction, Excavation, and Extraction
- Installation, Repair, and Maintenance
- Production
- Transportation and Material Moving
- Other (Specify): _____
- Unknown

Category of Worker's Industry

- Agriculture, Forestry, Fishing, and Hunting
- Mining
- Utilities
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing
- Information
- Finance and Insurance
- Real Estate, Rental, and Leasing
- Professional, Scientific, and Technical Services
- Management of Companies and Enterprises
- Administrative Support Services, Waste Management
- Services, and Remediation Services
- Educational Services
- Healthcare and Social Assistance
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Installation, Repair, and Maintenance
- Public Administration
- Active Duty Military
- Other (Specify): _____
- Unknown