REPORT OF A CASE OF OCCUPATIONAL DISEASE

For IOM Registered Vessels

This form must be completed by an employer or other responsible person

Part A

About you

What is your full name?

What is your job title?

What are your contact details?

Tel:

Fax:

Email:

About your organisation

What is the name of your organisation?

What is its address and postcode?

What is the name of the vessel?

What type of vessel is it?

Where does it operate to and from?

Part B

About the affected person

What is their full name?

What is their date of birth?

What is their job title?

Are they

Male?

Female?

Is the affected person (tick one box)

one of your employees?

on a training scheme? Give details:

on work experience?

Employed by someone else?
Give details:

Other? Give details:

Part C

The disease you are reporting

Please give:

- The name of the disease, and the type of work it is associated with; **or**
- The name and number of the disease (See IOM MLN 4.3(E))

What is the date of the statement of the doctor who first diagnosed or confirmed the disease?

What is the name and address of the doctor?

Part D

Describing the work that led to the disease

Please describe any work done by the affected person which might have led to them getting the disease.

If the disease is thought to have been caused by exposure to an agent at work (e.g. a specified chemical) please state what the agent is.

Give any other information which is relevant.

Continue your description here if necessary

Part E

Your signature

Signature

Date

If returning by post or fax, please ensure that the form is signed. Alternatively, if returning by E-mail please type your name in the signature box.

Send the completed form to:
E-mail marine.survey@gov.im
Fax +44(0)1624 688501
Mail address: Isle of Man Ship Registry
Department of Economic Development
St Georges Court,
Upper Church Street,
Douglas,
Isle of Man,
British Isles
IM1 1EX

For official use

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