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GOVERNOR

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SECRETARY

State of Louisiana

Louisiana Department of Health
Office of Public Health

CONFIDENTIAL REPORT OF OCCUPATIONAL DISEASE OR INJURY

Please see form guidelines and instructions at end of the form.

Report Date: _____

PATIENT INFORMATION

Patient Name: _____ MRN: _____

Street Address: _____ Phone: ( ) _____

City: _____ Parish: _____ State: _____ Zip Code: _____

Date of Birth (MM/DD/YYYY): _____

Sex: ☐Male ☐Female

Race:
☐American Indian/Alaska Native ☐Asian/Pacific Islander
☐Black/African American ☐White
☐Other ☐Unknown

Hispanic Ethnicity: ☐Yes ☐No ☐Unknown

Insurance: ☐Worker's Compensation ☐ Other

OCCUPATIONAL INFORMATION

Patient Occupation: _____

Patient-Reported Symptoms: _____

Company Where Exposure/Injury Occurred:

Name: _____ Phone No.: ( ) _____

Street Address *(where exposure/injury occurred)*: _____

City: _____ State: _____ Zip Code: _____

Type of business or industry: _____

Is patient still employed at company? ☐Yes ☐ No

HEALTHCARE PROVIDER INFORMATION

Reporting Provider: _____ Phone No.: _____

Facility Name: _____

Street Address: _____

City: _____ State: _____ Fax No.: _____

Can patient be contacted? ☐Yes ☐No

Version: 11-12-2025

DISEASE/INJURY INFORMATION

Date of Diagnosis/Occurrence:

_____

Reportable Disease/Injury:
☐Carpal Tunnel Syndrome

Injury *(specify site on line below)*: ☐Amputation ☐Assault/Violence ☐Burn ☐Cut/Pierce ☐Crush ☐ Fall/Slip/Trip ☐Fracture ☐ Motor Vehicle Accident ☐ Sprain, Strain, or Tear

_____

☐Hearing Loss: ☐Left ear ☐Right ear ☐Bilateral

☐Heat-Stress Illness

☐Occupational Asthma/ ☐Chronic Obstructive Pulmonary Disease: ☐Work causation ☐Work exacerbation

☐ Pneumoconiosis: ☐ Asbestosis ☐ Silicosis ☐ Coal Worker's ☐ Other/Unspecified

☐Other Occupational Disease/Injury (*specify*): _____

Comments:

OCCUPATIONAL DISEASE AND INJURY REPORTING GUIDELINES FOR HEALTHCARE PROVIDERS

Description & Purpose: This case report form was created to assist with timely reporting of occupational diseases and injuries. In some cases, staff of the Occupational Health and Injury Surveillance Program, under the Louisiana Department of Health Office of Public Health may need to contact the provider or request the patient's medical record for additional information not included on this form.

Reporting Requirements: Louisiana's Public Health Sanitary Code (Title 51, Part II, Chapter 1) requires that any physician practicing medicine in the State of Louisiana who attends, examines, or treats a person with an occupational disease or injury must report the case within ten business days.

HIPAA Guidelines Related to Disclosures for Public Health Activities: The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. See CFR 164.512(b)(1)(i).

Instructions for Completion:

Occupation Information**:** Please provide the company/business name and phone number. The address should be the physical address where the exposure/injury occurred.

Disease/Injury Information: Please document any occupational disease or injury that is not specifically listed by checking the Other Occupational Disease/Injury box and using the space provided to list the diagnosis.

Please submit electronically, by fax, or by mail to:

LDH OPH Occupational Health and Injury Surveillance Porgram
1450 Poydras St, Ste 1631
New Orleans, LA 70112
Ph: (888) 293-7020 Fax: (504) 568-8149
Electronic:workerhealth@la.gov