#

**SHEP 13**

**Work related Illness Report**

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This form is to be used to report illnesses that have been acquired at work. Catching a cold from a fellow worker would not count as a work related illness. Occupational asthma, eczema or dermatitis would be regarded as a work related illness.

**Send** theform once completed to:

Safety Health and Environmental Office, Room 01.233, Basement floor, Jenner Wing Tel Ext : 5365 / 0637 where it will treated in confidence.

Or e-mail to health@sgul.ac.uk

**1. Name of the ill or affected person**

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**2. Personnel grouping of the ill / affected person**

Staff Under-graduate Student Post-graduate Student

Visitor Contractor

**3. What is the illness / condition?**

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**4. How was the illness / condition acquired?**

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**5. Where was the illness / condition acquired**?

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**6. When was the illness / condition acquired?**

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**7. Has the ill / affected person visited the following?**

G.P. Occupational Health Walk-in Centre

**8 Please detail any treatment given since diagnosis of the condition**

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**9. Will the person be absent from work for more than 10 days and if so why?**

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**9. Normal or term time location / address of ill / affected person**

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**10. Name of person reporting the illness / condition**

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**11. Personnel grouping of the individual making report**

Staff Under-graduate Student Post-graduate Student

Visitor Contractor

**12. Normal location of person reporting illness / condition**

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**12. Signature of person reporting illness / condition**

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**13. Date of report of illness / condition**

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