

Notice of Poisoning or Disease

(See rules 89(5), 90)

1. Name of the Factory :
2. Name and address of the undertaking in which the patient presumes that he was exposed to the risk to which the poisoning or disease is attributed. :
3. Harmful agent or process :
4. Patient. Name :
Address :
5. 1. Sex : M/F 2. Age :
3. Designation: 4. Pay :
6. Precise occupation of the patient :
.1 at the place or last place of employment :
.2 at the undertaking in which the patient presumes that he was exposed to the risk. :
7. Nature of poisoning or disease. :
8. Approximate dates of beginning & cessation of exposure of the patient to the harmful agent or process mentioned in 3 above. :
9. General particulars :

Manager,

Signature:

Date:

Name:

Competent Authority.