



Report of Disease / Medical Condition Related to Work

Medical Doctor Declaration

* Indicates mandatory information

Applicant's Details

Identity Card Number: * _____

Name: * _____

Surname: * _____

To be filled by the Medical Doctor Examining the Injured Person

I have examined the applicant and certify that he / she suffer from the Disease / Condition as indicated in the **Tables** below.

In my opinion the applicant will not be able to return to work for at least _____ more (days / weeks / months).

Table A – Disease / Conditions caused by Work

Medical Doctor is requested to tick (✓) type of disease / condition on the table below:

Disease / Condition	Tick (✓)
Cancers	
Liver Cancer	<input type="checkbox"/>
Nasal Cavity Cancer	<input type="checkbox"/>
Accessory Sinuses Cancer	<input type="checkbox"/>
Laryngeal Cancer	<input type="checkbox"/>
Lung Cancer	<input type="checkbox"/>
Skin Cancer	<input type="checkbox"/>
Mesothelioma	<input type="checkbox"/>
Bladder Cancer	<input type="checkbox"/>
Leukemia	<input type="checkbox"/>
Precancerous Skin Lesions	<input type="checkbox"/>
Respiratory Diseases	
Asthma	<input type="checkbox"/>
Allergic Rhinitis	<input type="checkbox"/>
Allergic Alveolitis	<input type="checkbox"/>
Nasal Ulcerations	<input type="checkbox"/>
Nasal Perforation	<input type="checkbox"/>
Chronic Bronchitis	<input type="checkbox"/>
Asbestosis	<input type="checkbox"/>
Diffuse Thickening of the Pleura	<input type="checkbox"/>
Pleural Plaques	<input type="checkbox"/>
Pleural Effusion	<input type="checkbox"/>
Coal Workers' Pneumoconiosis	<input type="checkbox"/>
Silicosis	<input type="checkbox"/>

Disease / Condition	Tick (✓)
Pneumoconiosis associated with Tuberculosis	<input type="checkbox"/>
Pneumoconiosis due to other silicates	<input type="checkbox"/>
Byssinosis	<input type="checkbox"/>
Hard Metal Disease	<input type="checkbox"/>
Neurological Diseases	
Carpal Tunnel Syndrome	<input type="checkbox"/>
Toxic Encephalopathy	<input type="checkbox"/>
Polyneuropathy	<input type="checkbox"/>
Diseases of the Sensory Organs	
Cataract	<input type="checkbox"/>
Noise-induced Hearing Loss	<input type="checkbox"/>
Cardiovascular Diseases	
Raynaud's Syndrome	<input type="checkbox"/>
Skin Diseases	
Allergic Contact Dermatitis	<input type="checkbox"/>
Irritant Contact Dermatitis	<input type="checkbox"/>
Unspecified Contact Dermatitis	<input type="checkbox"/>
Contact Urticaria	<input type="checkbox"/>
Acne	<input type="checkbox"/>
Musculoskeletal Diseases	
Arthrosis of the Elbow	<input type="checkbox"/>
Arthrosis of the Wrist	<input type="checkbox"/>
Degeneration Lesions of the Meniscus (knee)	<input type="checkbox"/>
Bursitis of Elbow	<input type="checkbox"/>
Bursitis of the Knee	<input type="checkbox"/>
Tenosynovitis of the Hand and the Wrist	<input type="checkbox"/>
Medical Epicondylitis (elbow)	<input type="checkbox"/>
Lateranl Epicondylitis (elbow)	<input type="checkbox"/>
Infections	
Tuberculosis	<input type="checkbox"/>
Brucellosis	<input type="checkbox"/>
Erysipeloid	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>
Hepatitis E	<input type="checkbox"/>
Other Specific Hepatitis	<input type="checkbox"/>
HIV	<input type="checkbox"/>
Ancylostomiasis	<input type="checkbox"/>
Leptospirosis	<input type="checkbox"/>
Additional Infectious Diseases	
Cholera	<input type="checkbox"/>
Typhoid and Parathyphoid Fever	<input type="checkbox"/>
Salmonellosis	<input type="checkbox"/>
Shigellosis	<input type="checkbox"/>

Disease / Condition	Tick (✓)
Other Bacterial Intestinal Infection	<input type="checkbox"/>
Amoebiasis	<input type="checkbox"/>
Tularaemia	<input type="checkbox"/>
Anthrax	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>
Erysipelas	<input type="checkbox"/>
Borreliosis	<input type="checkbox"/>
Ornithosis	<input type="checkbox"/>
Avian	<input type="checkbox"/>
Chlamydiosis	<input type="checkbox"/>
Q Fever	<input type="checkbox"/>
Rickettsiosis	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>
Rabies	<input type="checkbox"/>
Haemorrhagic Fever	<input type="checkbox"/>
Varicella	<input type="checkbox"/>
Measles	<input type="checkbox"/>
Rubella	<input type="checkbox"/>
Mumps	<input type="checkbox"/>
Dermatophytosis	<input type="checkbox"/>
Malaria	<input type="checkbox"/>
Coding of the Toxic and Irritant Effects	
Hemolytic Anaemia	<input type="checkbox"/>
Anemia	<input type="checkbox"/>
Secondary Thrombocytopenia	<input type="checkbox"/>
Agranyloctosis and Neutropenia	<input type="checkbox"/>
Bronchitis (Acute) or Pneumonitis	<input type="checkbox"/>
Pulmonary Oedema	<input type="checkbox"/>
Upper Respiratory Inflammation	<input type="checkbox"/>
Reactive Airways Dysfunction Syndrome	<input type="checkbox"/>
Pulmonary Fibrosis	<input type="checkbox"/>
Toxic Liver Disease	<input type="checkbox"/>
Tubulo-Interstitial Kidney Diseases	<input type="checkbox"/>
Chronic Renal Failure	<input type="checkbox"/>
Colic and other Gastrointestinal Symptoms	<input type="checkbox"/>

Severity of The Disease	Tick (✓)
Severity of the disease unknown	<input type="checkbox"/>
Temporary incapacity to work	
0 - 3 days lost	<input type="checkbox"/>
4 - 6 days lost	<input type="checkbox"/>
7 - 13 days lost	<input type="checkbox"/>
14 - 20 days lost	<input type="checkbox"/>
At least 21 days lost, but less than 1 month	<input type="checkbox"/>
At least 1 month lost, but less than 3 months	<input type="checkbox"/>
At least 3 months lost, but less than 6 months	<input type="checkbox"/>
6 months or more lost	<input type="checkbox"/>
Permanent incapacity to work	
Permanent incapacity without pension, level of disability unspecified	<input type="checkbox"/>
Level of disability, 9 % or less	<input type="checkbox"/>
Level of disability, from 10% to 14%	<input type="checkbox"/>
Level of disability from 15% to 19%	<input type="checkbox"/>
Level of disability from 20% to 29%	<input type="checkbox"/>
Level of disability from 30% to 49%	<input type="checkbox"/>
Level of disability, 50% or more or pension	<input type="checkbox"/>
Death	<input type="checkbox"/>
Severity of Disease not elsewhere mentioned	<input type="checkbox"/>

The Major Groups of Exposure Factors Causing the Occupational Disease	Tick (✓)
Chemical Agents	<input type="checkbox"/>
Physical Agents	<input type="checkbox"/>
Biological Agents	<input type="checkbox"/>
Biomechanical Exposure Factors	<input type="checkbox"/>
Psychosocial Exposure Factors	<input type="checkbox"/>
Industrial Exposure Factors, Materials and Products	<input type="checkbox"/>

Product Containing the Exposure Agent Which Caused the Occupational Disease	Tick (✓)
Absorbent and adsorbent	<input type="checkbox"/>
Adhesives, binding agent	<input type="checkbox"/>
Aerosol propellants	<input type="checkbox"/>
Anti-condensation agents	<input type="checkbox"/>
Anti-freezing agents	<input type="checkbox"/>
Anti-set-off and anti-adhesive agents	<input type="checkbox"/>
Anti-static agents	<input type="checkbox"/>
Bleaching agents	<input type="checkbox"/>
Cleaning / Washing agents	<input type="checkbox"/>
Coloring agents	<input type="checkbox"/>
Complexing agents	<input type="checkbox"/>
Conductive agents	<input type="checkbox"/>
Construction materials	<input type="checkbox"/>

Product Containing the Exposure Agent Which Caused the Occupational Disease	Tick (✓)
Corrosion inhibitors	<input type="checkbox"/>
Cosmetics	<input type="checkbox"/>
Cutting fluids	<input type="checkbox"/>
Dustbinding agents	<input type="checkbox"/>
Electromechanical components	<input type="checkbox"/>
Electroplating agents	<input type="checkbox"/>
Explosives	<input type="checkbox"/>
Fertilizers	<input type="checkbox"/>
Filters	<input type="checkbox"/>
Fixing agents	<input type="checkbox"/>
Flame retardants and extinguishing agents	<input type="checkbox"/>
Flotation agents	<input type="checkbox"/>
Flux agents for casting joining material	<input type="checkbox"/>
Foaming agents	<input type="checkbox"/>
Fuels	<input type="checkbox"/>
Fuel additives	<input type="checkbox"/>
Grinding material	<input type="checkbox"/>
Heat transferring agents	<input type="checkbox"/>
Hydraulic fluids and additives	<input type="checkbox"/>
Impregnation material	<input type="checkbox"/>
Insulating material	<input type="checkbox"/>
Intermediates	<input type="checkbox"/>
Laboratory chemicals	<input type="checkbox"/>
Lubricants and additives	<input type="checkbox"/>
Odours agents	<input type="checkbox"/>
Oxidising agents	<input type="checkbox"/>
Paint, lacquers and varnishes	<input type="checkbox"/>
Pesticides agricultural	<input type="checkbox"/>
Non-agricultural pesticides and preservatives	<input type="checkbox"/>
PH-regulation agents	<input type="checkbox"/>
Pharmaceuticals	<input type="checkbox"/>
Photochemical	<input type="checkbox"/>
Process regulators	<input type="checkbox"/>
Radioactive agents	<input type="checkbox"/>
Reducing agents	<input type="checkbox"/>
Reprographic agents	<input type="checkbox"/>
Semiconductors	<input type="checkbox"/>
Softeners	<input type="checkbox"/>
Solvents	<input type="checkbox"/>
Stabilizers	<input type="checkbox"/>
Surface-active-agents	<input type="checkbox"/>
Surface treatment	<input type="checkbox"/>
Tanning agents	<input type="checkbox"/>

Product Containing the Exposure Agent Which Caused the Occupational Disease	Tick (✓)
Viscosity adjusters	<input type="checkbox"/>
Vulcanising agents	<input type="checkbox"/>
Welding and Soldering agents	<input type="checkbox"/>
Domestic animals	<input type="checkbox"/>
Wild animals	<input type="checkbox"/>
Products of animal origin	<input type="checkbox"/>
Waste of animal origin	<input type="checkbox"/>
Waste water	<input type="checkbox"/>
Pointed or cutting medical material	<input type="checkbox"/>
Brittle medical material (glass, etc.)	<input type="checkbox"/>
Other medical instruments	<input type="checkbox"/>
Products for bacteriology or biology laboratories	<input type="checkbox"/>
Blood and other human liquids	<input type="checkbox"/>
Other human tissues	<input type="checkbox"/>
Patient	<input type="checkbox"/>
Other use categories	<input type="checkbox"/>

Name and Surname (Doctor)

Medical Council Number

Signature (Doctor)

Date