

**Maryland Department of Health and Mental Hygiene**  
**Environmental Health Coordination Program**  
**CONFIDENTIAL REPORT OF OCCUPATIONAL/ENVIRONMENTAL DISEASE**

*INSTRUCTIONS: In accordance with Maryland Code, the following conditions must be reported to the Department of Health and Mental Hygiene: (1) Pesticide-related exposures and illness; and (2) occupational illnesses.*

**Reporting Source Information**

Reporting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day year

Reporting Physician: \_\_\_\_\_ Name of Institution/Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Medical Specialty: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Information**

Patient's Name: \_\_\_\_\_  
Last First Middle Initial  
Patient's Address: \_\_\_\_\_  
Street City State Zip Code  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female  
Race (check all that apply): \_\_\_\_\_ Hispanic:  Yes  No  
 White  American Indian/Alaska Native  Unknown Ethnicity: \_\_\_\_\_  
 Black/African American  Native Hawaiian or Pacific Islander \_\_\_\_\_  
 Asian  Other Race (specify): \_\_\_\_\_ (Specify up to 3: e.g. Brazilian, Vietnamese, etc.)

Is this exposure/illness possibly work-related?  Yes  No  If so, please provide information on the workplace:

Occupation or type of work performed by patient: \_\_\_\_\_

Company where exposure/injury reportedly occurred: \_\_\_\_\_  
Name City State

Type of Business or Industry: \_\_\_\_\_ Is patient still employed at company?  Yes  No  Unknown  
(e.g. electronics manufacturing, automotive repair, health care services)

**Diagnosis**

Is the diagnosis:  confirmed  suspected

Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo. day year

**Work-related asthma** (if checked, please complete the following information) Suspected Agent: \_\_\_\_\_  
 New-onset asthma (due to workplace exposure)  
 Work-aggravated asthma (pre-existing asthma aggravated by workplace exposure)  
 Reactive Airways Dysfunction Syndrome (RADS) (asthma resulting from a one-time acute exposure at work)

**Other lung disease** (if checked, please complete the following information)  
 Asbestosis  Chemical pneumonitis (suspected agent: \_\_\_\_\_)  
 Silicosis  Beryllium disease

**Work-related carpal tunnel syndrome**

**Serious work-related traumatic injury to person <18-years-old** (if checked, please complete the following information)

Diagnosis: \_\_\_\_\_ Cause of injury, if known: \_\_\_\_\_

**Acute chemical poisoning** (if checked, please complete the following information)

Carbon monoxide poisoning  
 Pesticide poisoning Suspected Pesticide: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Heavy metal exposure** (if checked, please complete the following information)

Mercury level: \_\_\_\_\_ date of test: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cadmium level: \_\_\_\_\_ date of test: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Remarks:** \_\_\_\_\_

Please return this report to Environmental Health Coordination Program, 201 West Preston Street, Baltimore, MD 21201. FAX: (410) 333-5995.  
For more information or to file a report by phone, call: (866) 703-3266. Voicemail is in operation after hours. THANK YOU.

*Please note: Disease outbreaks/clusters should be reported by phone.*

**OCCUPATIONAL/ENVIRONMENTAL REPORTING GUIDELINES FOR PHYSICIANS**  
*Healthcare Workers should report all diagnosed OR suspected cases of the reportable conditions.*

**OCCUPATIONAL LUNG DISEASE**

Asthma

Report all persons with:

- A. A physician's diagnosis of asthma; AND
- B. An association between symptoms of asthma and work.

Note: Reportable cases include persons newly sensitized by exposures at work, OR with pre-existing asthma exacerbated by exposures at work, OR persons for whom a one-time exposure to a chemical (s) at work resulted in generalized airway hyperactivity.

Asbestosis

Report all persons with:

- A. A physician's provisional or working diagnosis of asbestosis; OR
- B. A chest radiograph interpreted as consistent with asbestosis; OR
- C. Pathologic findings consistent with asbestosis.

Note: Persons with asbestos-related pleural disease without parenchymal fibrosis are not required to be reported.

Silicosis

Report all persons with:

- A. A physician's provisional or working diagnosis of silicosis; OR
- B. A chest radiograph interpreted as consistent with silicosis; OR
- C. Pathologic findings consistent with silicosis.

Chemical Pneumonitis

Report all persons with:

- A. A physician's provisional or working diagnosis of chemical pneumonitis; AND
- B. A history of recent occupational exposure to a chemical irritant(s).

Beryllium Disease

Report all persons with:

- A. A physician's provisional or working diagnosis of beryllium disease including:
  - 1. acute chemical pneumonitis related to beryllium exposure; OR
  - 2. interstitial lung disease related to beryllium exposure. OR
- B. Pathologic findings consistent with beryllium disease.

**WORK-RELATED HEAVY METAL ABSORPTION**

Cadmium

Report all persons with:

- A. Cadmium: greater than 5 µg/l of blood, OR urine greater than 5 µg/g creatinine; AND
- B. A history of occupational exposure to cadmium or an unknown source of cadmium exposure.

Mercury

Report all persons with:

- A. Mercury: greater than 15 µg/l of blood, OR urine greater than 35 µg/g creatinine; AND
- B. A history of occupational exposure to mercury or an unknown source of mercury exposure.

Lead

Under COMAR 26.02.01, Maryland clinical laboratories report all blood lead levels in persons under age 19 directly to the Maryland Lead Program. Physicians may also report elevated lead levels in the blood or urine to the Maryland Lead Hotline, 1-800-776-2706.

Other Heavy Metals

Report all persons with:

- A. A level of any other heavy metal (e.g. arsenic, manganese, chromium) which exceeds the testing laboratory's reference value; AND
- B. A history of occupational exposure to the heavy metal in question or an unknown source of heavy metal exposure.

**WORK-RELATED CARPAL TUNNEL SYNDROME**

Report all persons with:

- A. A physician's provisional or working diagnosis of carpal tunnel syndrome; AND
- B. A history of work involving one or more of the following activities prior to the development of symptoms:
  - 1. Frequent repetitive movements of the hand(s) or wrist(s) on the affected side(s);
  - 2. Regular tasks requiring the generation of high force by the hand(s) on the affected side(s);
  - 3. Regular or sustained tasks requiring awkward hand positions on the affected side(s);
  - 4. Regular use of vibrating hand-held tools;
  - 5. Frequent or prolonged pressure over the wrist or base of the palm on the affected side(s).

**SERIOUS WORK-RELATED INJURIES TO PERSONS LESS THAN 18 YEARS OF AGE**

Report any minor with a serious work-related traumatic injury. A serious work-related traumatic injury is defined as an injury which results in death or hospitalization, or, in the judgment of the treating physician, results in, or will result in:

- A. Significant scarring or disfigurement; OR
- B. Permanent disability; OR
- C. Protracted loss of consciousness; OR
- D. Loss of a body part or bodily function; OR
- E. Is less significant but similar to injuries sustained by other patients at the same place of employment.

**WORK-RELATED ACUTE CHEMICAL POISONING**

Carbon Monoxide Poisoning

Report all persons with:

- A. A physician's diagnosis of carbon monoxide poisoning; AND
- B. A history of occupational exposure to carbon monoxide or an unknown source of exposure.

Pesticide Poisoning

Report all persons with:

- A. A physician's provisional or working diagnosis of acute systemic illness or localized finding due to pesticides; AND
- B. A history of occupational exposure to pesticides.

Note: Dermatitis and/or eye injury due to pesticide exposure at work should also be reported.

Other Acute Poisonings

Report all persons with acute systemic poisoning caused by occupational exposure to any other chemical (e.g. cyanide, hydrogen sulfide, chlorinated hydrocarbon solvents).

Note: Persons with anoxia caused by oxygen deficient work environments should be reported.

**WORK-RELATED DISEASE OUTBREAKS**

Report any work-related disease outbreak/cluster, regardless of whether or not the disease is included among the reportable conditions listed above. A work-related disease outbreak is the occurrence of any illness in excess of normal expectation among workers at the same place of employment. Such outbreaks may be caused by exposures to a physical, biological or chemical hazard(s) in the workplace.

*Written materials on reportable conditions and other occupational health issues are available for physicians and their patients. Please contact the Environmental Health Coordination Program: 201 W. Preston St., Room 327, Baltimore, MD 21201, (410) 767-6234 or (888) 703-3266.*