





**Schedule 2 — Forms relating to general provisions**

**Form 2 — NOTIFICATION OF DISEASE**

[Regulation 2.4(2)]

***Occupational Safety and Health Act 1984***

WorkSafe Western Australia Commissioner

PO Box 294 REPORTING TELEPHONES:

WEST PERTH WA 6872 (08) 9327 8800

Phone: (08) 9327 8777 Fax: (08) 9327 8724 1800 678 198

Email: safety@commerce.wa.gov.au

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| Section 1: Employer details |
| **Legal name:** |       |
| **Trading name:**  |       | **ABN / ACN:** |       |
| **Type of workplace:** |       | **ANZIC:**  |       |
| **Street address:** |       |
| **Suburb/Town:** |       | **Postcode:** |       |
| **Phone:** |       | **Fax:**  |       |
| **Email:** |       |

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| Section 2: Details of person affected |
| **Surname:** |       | **Sex: Male** **[ ]  Female** **[ ]**  |
| **Given names:** |       |
| **Occupation:** |       |

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| **Date of birth:**    **/**    **/**        **Age:**   | **Days unable to work:**      |

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| Section 3: Details of disease |
| **Date of diagnosis:** |    **/**    **/**       | **Time of diagnosis:** |    **:**   **am****[ ]  pm****[ ]**  |
| **WorkCover number:**  |       |
| **Name of disease:** |       |
| **Brief description of work done/and or how incident occurred** |       |
| **Address of the workplace where the incident occurred:** | **Street address:**  |       |
|  | **Suburb/Town:**  |       |
|  | **Postcode:**  |       |
| **Person removed to: (Hospital/GP)** |       |

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| **Person reporting injury:** | **First name:**  |       | **Surname:**  |       |
| **Position:**  |       | **Phone:**  |       |
| **Person for liaison:** | **First name:**  |       | **Surname:**  |       |
| **Position:**  |       | **Phone:**  |       |