





**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:

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

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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:** |  | | |

|  |  |  |
| --- | --- | --- |
| 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:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:** |  |