



WORKSAFE VICTORIA

HAZARDOUS SUBSTANCE HEALTH SURVEILLANCE REPORT

Nov 2009

1. General Information and Instructions

The employer must ensure that:

- (a) any health surveillance is performed under the supervision of a registered medical practitioner
- (b) that a report of the health surveillance is prepared by the registered medical practitioner and a copy given to the employer
- (c) a copy of the completed report is given to the employee examined
- (d) the completed report is provided to WorkSafe Victoria if the report includes any recommendations relating to the need for the employer to take measures to ensure that the employee is not exposed to the substance for a specified period of time.

2. To be completed by the employer and supplied to the Registered Medical Practitioner before the Health Surveillance

Family Name of Employee

Given Name/s

Date of Birth

 / /

Gender: Male Female

Hazardous substance requiring health surveillance (tick appropriate box):

isocyanates

inorganic arsenic

crystalline silica

cadmium

organophosphate pesticides

inorganic mercury

benzene

other (specify)

vinyl chloride

4,4'methylene bis (2-chloroaniline) (MOCA)

Process hazardous substance used in

Length of Time Employed in the Above Process

Employers Legal Name

Trading As

ABN

Address of Employer

 Postcode

Telephone

Facsimile

Email

Signature of Employer

Date

 / /

3. To be certified and signed by the Registered Medical Practitioner at the time of the Health Surveillance

Date of Health Surveillance

Test or examinations performed, and results

4. Certification

I certify that I have examined the person whose name appears above in Section 1, and that in my opinion this employee (tick appropriate box):

(a) is fit to continue to work with the hazardous substance

(b) is fit to return to work with the hazardous substance

*(c) displays indications of adverse health effects that may be attributed to the hazardous substance and must not be exposed to the hazardous substance for (specify period of time)

*(d) is not fit for work with the hazardous substance on medical grounds.

* If (c) or (d) is selected, then the employer must send a copy of this form to WorkSafe Victoria (see contact details below):

Recommended date of follow up appointment

Name of Registered Medical Practitioner

Address

Signature

Date

5. Collection of Personal and Health Information

Personal and health information collected by WorkSafe Victoria in connection with this report will be used for the administration and enforcement of legislation, functions and programs administered by WorkSafe Victoria.

WorkSafe Victoria may disclose personal information to its contractors; to a court or tribunal; to other regulatory or law enforcement agencies, or emergency services to prevent a threat to the health, safety or welfare of an individual or the public. This information may also be disclosed to any person authorised by the individual to whom it relates, or if required, authorised or permitted by law.

Collection of personal and health information on this report is required under the *Occupational Health and Safety Act 2004* and associated regulations (legislation). Failure to provide the information required is a failure to comply with a duty or obligation under the legislation and is an offence to which penalty applies.

You have rights to have access to any personal or health information WorkSafe Victoria holds about you.

If you wish to do so please contact WorkSafe's Freedom of Information Team. You can access WorkSafe Victoria Privacy Policy at www.worksafe.vic.gov.au.

Contact Details

If required, submit your completed form to:

WorkSafe Victoria
Occupational Hygiene Unit
GPO Box 4306
Melbourne, Victoria 3000
Facsimile 03 9641 1552

If you require further information, please contact the WorkSafe Advisory line on:

Toll free 1800 136 089
Email info@worksafe.vic.gov.au

Further information relevant to health surveillance is available on our website www.worksafe.vic.gov.au.