

Occupational Illness Reporting Form

Employee Information

Full Name

Employee ID

Department

Position

Contact Information

Illness Details

Date of Illness Onset

Date Reported

Type of Illness

Describe Symptoms

Work Activity/Task at Onset

Medical Diagnosis (if available)

Physician/Healthcare Provider

Additional Information

Witnesses (if any)

Reported to (Supervisor/Manager Name)

Actions Taken / Recommendations