



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
BARTON G. PICKELMAN, DIRECTOR

JEFF DONOFRIO  
DIRECTOR

To: Michigan Physicians, Hospitals, Clinics, and Employers

The enclosed material includes an instruction sheet, occupational disease report form, and a listing of several categories of occupational diseases and disorders. This has been mailed to you to assist in your complying with Part 56 of the Michigan Public Health Code which requires physicians, hospitals, clinics, or employers to report all known or suspected cases of occupational diseases. As a result of Executive Orders No. 1996-1, 1996-2, and 2003-18, the responsibility for implementing Part 56 of the Michigan Public Health Code was transferred to the Michigan Department of Labor and Economic Opportunity.

The instruction sheet gives some background on Code Requirements and provides guidance on completing the report form. The following list of occupational diseases and disorders is taken from MIOSHA form #300 – Log and Summary of Occupational Injuries and Illnesses – where it is used for the purpose of classifying recordable illnesses. This list has been included for informational purposes and includes typical examples of types of illnesses and disorders under each category and some causative agents. It is not considered to be a complete listing but is to be used simply as a guide.

The Department of Labor and Economic Opportunity has a contract with the Department of Medicine, Michigan State University, to assist in the compilation and reporting of Michigan occupational diseases. Additionally, the Health Insurance Portability and Accountability Act of 1996 (HIPPA), Part 164.512 authorizes agencies to collect and receive health information for the purpose of preventing and controlling diseases and related activities.

Any inquiries regarding occupational reporting requirements should be directed to the MIOSHA Technical Services Division, Michigan Department of Labor and Economic Opportunity, P.O. Box 30649, Lansing, Michigan, 48909-8149.

Sincerely,

A handwritten signature in cursive script that reads "Barton G. Pickelman".

Barton G. Pickelman, CIH  
MIOSHA Director

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## Classifying Illnesses

**Skin diseases or disorders** – Skin diseases or disorders are illnesses involving the worker’s skin that are caused by work exposure to chemicals, plants, or other substances. *Examples:* Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters; chrome ulcers; inflammation of the skin.

**Respiratory conditions** – Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work. *Examples:* Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis, or acute congestion, farmer’s lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

**Poisoning** – Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body. *Examples:* Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

**Hearing Loss** – Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000, and 4000 hertz, and the employee’s total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

**All other illnesses** – All other occupational illnesses. *Examples:* Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis, malignant or benign tumors; histoplasmosis; coccidioidomycosis.

**Known or Suspected Occupational Disease Report**  
(Information will be held confidential as prescribed in Public Act 368 of 1978.)

**EMPLOYEE AFFECTED**

Name (Last, First, Middle)	Age	Sex M      F	Race: <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other
Street	City	State	Zip
Home Phone Number	Last Four Digits of Social Security Number (Optional)		

**CURRENT EMPLOYER**

Current Employer Name	Worksite County
Worksite Address	City      State      Zip
Business Phone	If Known, Indicate Business Type (products manufactured or work done)
Number of Employees <input type="radio"/> <25 <input type="radio"/> 25-100 <input type="radio"/> 100-500 <input type="radio"/> >500	
Employee's Work Unit/Department	Dates of Employment From: _____ To: _____ Mo Day Year      Mo Day Year
Employee's Job Title or Description of Work	

**ILLNESS INFORMATION**

Nature of Illness or Health Condition (Examples: Headache, Nausea, Difficulty Breathing, Cough, etc.)	Date of Diagnosis _____ Mo Day Year
Suspected Causative Agents (Chemicals, Physical Agents, Conditions)	Did Employee Die? Yes <input type="radio"/> No <input type="radio"/>
	If Yes, Date of Death _____ Mo Day Year
If Physician, Indicate Clinical Impression for Suspected Occupational Disease, or Diagnosis of Confirmed Occupational Disease	

**ADDITIONAL COMMENTS**


**REPORT SUBMITTED BY**

If Report Submitted by Non-Physician, Did Employee See a Physician? <i>If yes, record information below.</i>				
		Yes <input type="radio"/>	No <input type="radio"/>	Don't Know <input type="radio"/>
Physician's Name	Phone			
Office Address	City	State	Zip	
Name of Person Submitting Report	Physician <input type="radio"/> Non-Physician <input type="radio"/>			
Address	City	State	Zip	
Signature	Phone	Date		

The Michigan Department of Labor and Economic Opportunity is an equal opportunity, affirmative action employer, service provider and buyer. Return completed form to:

**Michigan Department of Labor and Economic Opportunity (LEO)**  
**Michigan Occupational Safety and Health Administration (MIOSHA)**  
**Technical Services Division (TSD)**  
530 W. Allegan Street, P.O. Box 30649, Lansing, MI 48909-8149  
Overnight Mail Address: 2407 N. Grand River Avenue, Lansing, MI 48906

## **BACKGROUND AND INSTRUCTIONS FOR COMPLETING KNOWN OR SUSPECTED OCCUPATIONAL DISEASE REPORT**

As a result of Executive Orders No. 1996-1, 1996-2 and 2003-18 and Part 56 of P.A. 368 of 1978, a physician, hospital, clinic or employer must report known or suspected cases of occupational diseases or workplace aggravated health conditions to the Michigan Department of Labor and Economic Opportunity within 10 days after discovery of the disease or condition on a report form furnished by the department. This requirement does not apply to occupational injuries.

This report is furnished by the Department of Labor and Economic Opportunity in accordance with Section 5611 (4) of P.A. 368 of 1978 and is required to be completed and submitted to the Department of Labor and Economic Opportunity at the address below for all such cases to fulfill the statutory mandate prescribed by Section 5611 or Part 56 of the Act.

### **Instructions for completing report:**

#### **General:**

Multiple reports on the same individual for the same illness should not be submitted. The employer should return this form only if the employee is not referred to a physician, hospital, or clinic. If a physician returns the form indicating a suspected occupational disease and at a later date confirms this occupational disease, an updated form confirming their diagnosis and causative agent should be submitted.

#### **Employers:**

If an employer is submitting the form, all questions, with the exception of those indicated for physicians only, should be completed. The form should be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness and returned directly to Michigan Department of Labor and Economic Opportunity.

If the employee is referred to a physician, hospital, or clinic, the employer should complete the forms as stated above and the form should then accompany the employee for completion by the medical personnel.

#### **Physician, hospital or clinic:**

The questions on the form, with the exception of those indicated for physicians only, may be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness. The form should then accompany the employee at the time of referral to a physician, hospital, or clinic for medical evaluation where the remainder of the form should be completed and submitted to the Michigan Department of Labor and Economic Opportunity. If the employee is seen by the physician without a referral from the employer, and the physician diagnoses a suspected or confirmed occupational illness, the entire form is to be completed by the physician and submitted to the Michigan Department of Labor and Economic Opportunity.

It is the responsibility of the employer and of physicians, hospitals, and clinics to ensure that the form is properly completed, signed and submitted to the Michigan Department of Labor and Economic Opportunity within 10 days after the onset of the disease, suspected occurrence of the disease, or a workplace aggravated health condition. The form must be completed for all suspected or actual occupational diseases or health conditions aggravated by workplace exposure, including death of the employee as a result of the disease or health condition aggravated by workplace exposure.

Completion of this report form does not relieve the employer of the requirements for notification of fatalities, one or more in-patient hospitalizations, amputations, or loss of an eye, and to maintain records of each recordable occupational injury or illness pursuant to the requirements of Public Act 154 of 1974, as amended, the Michigan Occupational Safety and Health Act.

**ADDITIONAL REPORT FORMS ARE AVAILABLE FROM THE MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY**

**Michigan Department of Labor and Economic Opportunity (LEO)  
Michigan Occupational Safety and Health Administration (MIOSHA)  
Technical Services Division (TSD)  
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517-284-7790**