

| С | | NSATION FOR [Section 68(2) – | Commissioner's rule | Claim N AL INJURIES AND DISEA s, forms and particulars – Annexi of occupational diseases. Where | ıre 12] | |
|---|--|---------------------------------|--|--|--|--|
| NAME AND SU | JRNAM | E OF EMPLOY | /EE | | | |
| IDENTITY NUM | MBER | | | | | |
| PLEASE STATE THE PERIOD (S) THE EMPLOEE WORKED IN ENVIRONMENTS WITH EXPOSURES RELATED TO HIS/HER DISEASE. (Start with the most recent employer) | | | | | | |
| EMPLOYE | R | PER From: | To: | OCCUPATION | EXPOSURE | |
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| 2.1 Exa wels | Descrik may ha mples or ding; bot | pe the types of ave been expos | occupations the sed. Mason in a blast full casting; boiler or | rnace; grinding of sandstone | CE CONCERNED the materials to which the employee stone mason; monumental mason; c; use of abrasive powders; tunneling; | |
| 2.2 | Year of first exposure | | | | | |
| 2.3 | The duration / years of exposure (which may not be the same as years in an occupation) | | | | | |

| | 2.4 | The frequency of exposure (once per week for an hour or 8 hours every day) | | | | | | |
|--------|---------|---|--|--|--|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| | 2.5 | Provide any objective measurements of exposure where applicable (supply details if possible (eg. material safety data sheets, risk assessments or results of environmental hygiene assessments) | | | | | | |
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| | | | | | | | | |
| 3. S | SMOK | ING HISTORY | | | | | | |
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| 4. NON | | OCCUPATIONAL ENVIRONMENTAL OR LEISURE TIME EXPOSURES | | | | | | |
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| 5. | ANY R | RELEVANT ADDITIONAL INFORMATION | | | | | | |
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| DEDO | DTING (| OFFICER | | | | | | |
| | | | | | | | | |
| DATE | | | | | | | | |
| ADDR | ESS | | | | | | | |
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| Talamb | | | | | | | | |