

# Confidential Report of Work-Related Asthma

**Submit form to the SHARP program by fax 360-902-5672**

WA State Department of Labor and Industries

Safety & Health Assessment & Research for Prevention Program (SHARP)

WA State Occupational Respiratory Disease Surveillance Program

SHARP Toll-free: 1-888-667-4277; or Phone: 360-902-5669

SHARP Email: SHARP@Lni.wa.gov

**1. Name of person submitting report    2. Phone number of person    3. Reporting date**

**4. Patient's last name                      5. Patient's first name                      6. Patient's middle**

**7. Patient's best contact number                      8. Patient's date of birth (mm/dd/yyyy)**

**9. Patient's street address**

**10. City                      11. State    12. Zip code    13. Patient's sex**  
 M                       F                       Prefer not to say

**14. Patient's ethnicity as identified by the patient (Choose ONE)**

- Hispanic, Latino/a, Latinx
- Non-Hispanic, Latino/a, Latinx
- Patient declined to respond
- Unknown

**15. Patient's race as identified by the patient (Choose ONE or MORE)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Afghan          | <input type="checkbox"/> Bamar /Burman    | <input type="checkbox"/> Cham                 |
| <input type="checkbox"/> Afro-Caribbean  | <input type="checkbox"/> /Burmese         | <input type="checkbox"/> Chicano/a or Chicanx |
| <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> Bangladeshi      | <input type="checkbox"/> Chinese              |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Bhutanese        | <input type="checkbox"/> Congolese            |
| <input type="checkbox"/> Arab            | <input type="checkbox"/> Black or African | <input type="checkbox"/> Cuban                |
| <input type="checkbox"/> Asian           | <input type="checkbox"/> America          | <input type="checkbox"/> Dominican            |
| <input type="checkbox"/> Asian Indian    | <input type="checkbox"/> Central American | <input type="checkbox"/> Egyptian             |

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Eritrean                                 | <input type="checkbox"/> Kuwaiti                  | <input type="checkbox"/> Russian                     |
| <input type="checkbox"/> Ethiopian                                | <input type="checkbox"/> Lao                      | <input type="checkbox"/> Samoan                      |
| <input type="checkbox"/> Fijian                                   | <input type="checkbox"/> Lebanese                 | <input type="checkbox"/> Saudi Arabian               |
| <input type="checkbox"/> Filipino                                 | <input type="checkbox"/> Malaysian                | <input type="checkbox"/> Somali                      |
| <input type="checkbox"/> First Nations                            | <input type="checkbox"/> Marshallese              | <input type="checkbox"/> South African               |
| <input type="checkbox"/> Guamanian or Chamorro                    | <input type="checkbox"/> Mestizo                  | <input type="checkbox"/> South American              |
| <input type="checkbox"/> Hmong/Mong                               | <input type="checkbox"/> Mexican/Mexican American | <input type="checkbox"/> Syrian                      |
| <input type="checkbox"/> Indigenous-Latino/a or Indigenous-Latinx | <input type="checkbox"/> Middle Eastern           | <input type="checkbox"/> Taiwanese                   |
| <input type="checkbox"/> Indonesian                               | <input type="checkbox"/> Mien                     | <input type="checkbox"/> Thai                        |
| <input type="checkbox"/> Iranian                                  | <input type="checkbox"/> Moroccan                 | <input type="checkbox"/> Tongan                      |
| <input type="checkbox"/> Iraqi                                    | <input type="checkbox"/> Native Hawaiian          | <input type="checkbox"/> Ugandan                     |
| <input type="checkbox"/> Japanese                                 | <input type="checkbox"/> Nepalese                 | <input type="checkbox"/> Ukrainian                   |
| <input type="checkbox"/> Jordanian                                | <input type="checkbox"/> North African            | <input type="checkbox"/> Vietnamese                  |
| <input type="checkbox"/> Karen                                    | <input type="checkbox"/> Oromo                    | <input type="checkbox"/> White                       |
| <input type="checkbox"/> Kenyan                                   | <input type="checkbox"/> Pacific Islander         | <input type="checkbox"/> Yemeni                      |
| <input type="checkbox"/> Khmer/Cambodian                          | <input type="checkbox"/> Pakistani                | <input type="checkbox"/> Other race                  |
| <input type="checkbox"/> Korean                                   | <input type="checkbox"/> Puerto Rican             | <input type="checkbox"/> Patient declined to respond |
|   | <input type="checkbox"/> Romanian/Rumanian        | <input type="checkbox"/> Unknown                     |

#### 16. Patient's language as identified by the patient (Choose ONE or MORE)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Amharic               | <input type="checkbox"/> Japanese          | <input type="checkbox"/> Samoan                      |
| <input type="checkbox"/> Arabic                | <input type="checkbox"/> Karen             | <input type="checkbox"/> Sign languages              |
| <input type="checkbox"/> Balochi/Baluchi       | <input type="checkbox"/> Khmer/Cambodian   | <input type="checkbox"/> Somali                      |
| <input type="checkbox"/> Burmese               | <input type="checkbox"/> Kinyarwanda       | <input type="checkbox"/> Spanish/Castilian           |
| <input type="checkbox"/> Cantonese             | <input type="checkbox"/> Korean            | <input type="checkbox"/> Swahili/Kiswahili           |
| <input type="checkbox"/> Chinese (unspecified) | <input type="checkbox"/> Kosraean          | <input type="checkbox"/> Tagalog                     |
| <input type="checkbox"/> Chamorro              | <input type="checkbox"/> Lao               | <input type="checkbox"/> Tamil                       |
| <input type="checkbox"/> Chuukese              | <input type="checkbox"/> Mandarin          | <input type="checkbox"/> Telugu                      |
| <input type="checkbox"/> Dari                  | <input type="checkbox"/> Marshallese       | <input type="checkbox"/> Thai                        |
| <input type="checkbox"/> English               | <input type="checkbox"/> Mixteco           | <input type="checkbox"/> Tigrinya                    |
| <input type="checkbox"/> Farsi/Persian         | <input type="checkbox"/> Nepali            | <input type="checkbox"/> Ukrainian                   |
| <input type="checkbox"/> Fijian                | <input type="checkbox"/> Oromo             | <input type="checkbox"/> Urdu                        |
| <input type="checkbox"/> Filipino/Pilipino     | <input type="checkbox"/> Panjabi/Punjabi   | <input type="checkbox"/> Vietnamese                  |
| <input type="checkbox"/> French                | <input type="checkbox"/> Pashto            | <input type="checkbox"/> Other language              |
| <input type="checkbox"/> German                | <input type="checkbox"/> Portuguese        | <input type="checkbox"/> Patient declined to respond |
| <input type="checkbox"/> Hindi                 | <input type="checkbox"/> Romanian/Rumanian | <input type="checkbox"/> Unknown                     |
| <input type="checkbox"/> Hmong                 | <input type="checkbox"/> Russian           |  |

17. Name of patient's employer

18. Employer's location (city and state)

19. What does this company do or manufacture?

20. Patient's occupation

21. Patient's work tasks during exposure

22. Is the employer aware of this case?

Yes

No

Don't Know

23. Is the employer aware that this exposure is causing disease?

Yes

No

Don't Know

24. What is the suspected chemical or agent(s) that caused the asthma?

25. Work-Related Asthma Classification (Choose ONE)

- New-Onset Asthma  Work-Aggravated Asthma  Reactive Airways Dysfunction Syndrome (RADS)  
 Undetermined

26. Date of symptom onset (mm/dd/yyyy)

27. Date of diagnosis (mm/dd/yyyy)

28. Did or will a workers' compensation claim be filed for this individual?

Yes

No

Don't Know

29. Do you know or suspect additional cases of respiratory disease at this employer or within the industry?

Yes

No

Don't Know

30. Diagnosing physician's name

31. Diagnosing physician's specialty

32. Diagnosing physician's phone number

33. Diagnosing physician's email

34. Name of clinic where patient received care

35. Street address of clinic where patient received care

36. City

37. State

38. Zip code

39. Is there anything else you would like to add?

Thank you for submitting this case report!

If you have additional concerns about worker exposure to this agent, please email us at [SHARP@Lni.wa.gov](mailto:SHARP@Lni.wa.gov) and put **ATTN: Occ Resp Disease Program in the subject line.**

The Occupational Notifiable Conditions (WAC 246-101) that are reportable to the SHARP program include: work-related asthma, silicosis, and hypersensitivity pneumonitis.

Program Website: [Lni.wa.gov/safety-health/safety-research/ongoing-projects/occupational-respiratory-disease#report-work-related-asthma](http://Lni.wa.gov/safety-health/safety-research/ongoing-projects/occupational-respiratory-disease#report-work-related-asthma)

Upon request, foreign language support and formats for persons with disabilities are available.

Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.

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