

OCCUPATIONAL DISEASE REPORT FORM
FOR UK REGISTERED MERCHANT SHIPS

The Merchant Shipping (Maritime Labour Convention) (Health and Safety) Regulations 2014 require employers of seafarers on UK ships to complete and submit this form to the MCA when seafarers are diagnosed by a medical practitioner with an occupational disease listed in Annex 1 of Merchant Shipping Notice MSN 1850(M) and where the seafarers have been engaged in the corresponding type of work specified for that disease in that Notice.

[One form should be completed for each disease]

Please submit the completed form to:

The Maritime and Coastguard Agency
Seafarer Safety and Health Branch
Bay 1/29, Spring Place
105 Commercial Road
Southampton
SO15 1EG
Fax: 02380 329 251
Email: mlc@mcga.gov.uk

This form must be completed by the employer or, if the affected person is self-employed, by the affected person.

Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person.

PART A - ABOUT YOU

1. What is your Full Name?

2. What is your Job Title?

3. What is your Telephone Number?

ABOUT YOUR ORGANISATION

4. What is the Organisation's Name?

5. What is the land based Address and Postcode?

6. What is the name of the Vessel on which the seafarer is currently working?

7. Does the affected person usually work aboard this vessel?

Yes No

TREAT IN CONFIDENCE (ONCE COMPLETED)

8. What type of Vessel is it?
(Reference list below)

- (a) Passenger / Cruise / Ferry
- (b) Container / Cargo
- (c) Tanker
- (d) Offshore Supply / Offshore support
- (e) Research
- (f) Standby
- (g) Tug / Support / Maintenance
- (h) Yacht
- (i) Other - Please specify

9. Where does it operate from and to?

PART B - ABOUT THE AFFECTED PERSON

10. What is their Rank?

11. What is their Job Title?

12. What is their date of birth?

D	D	M	M	Y	Y	Y	Y
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13. Are they: Male Female

14. Is the affected person (*tick one of the following boxes*):

- Employed
- Self employed
- Trainee / Cadet
(Give details below)

PART C - THE DISEASE YOU ARE REPORTING

15. Please give the name of the disease, and the type of work it is associated with and quote the reference number in the list of Reportable Diseases at Annex 1 of MSN 1850(M).
(Please see Annex 1 attached to this form)

TREAT IN CONFIDENCE (ONCE COMPLETED)

16. What is the date on the statement from the doctor who first diagnosed or confirmed the disease?

D	D	M	M	Y	Y	Y	Y
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17. What is the name and the address of the doctor?

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PART D - DESCRIBING THE WORK THAT LED TO THE DISEASE

18. Please describe any work done by the affected person which might have resulted in the disease.

Give as much detail as you can. For instance, if the disease is thought to have been caused by exposure at work to a chemical or biological agent or a carcinogen or mutagen (see MGN 408(M+F), MGN 409(M+F) or MGN 356(M+F)), please say what the agent is. Consider also environmental conditions, the part played by any people, the name and type of machinery involved and any other information which is relevant.

Give your description here :

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PART E - YOUR SIGNATURE

Signature: _____

Name: _____

Date:

D	D	M	M	Y	Y	Y	Y
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If returning by post / fax, please ensure this form is signed, alternatively, if returning by e-mail, please type your name in the signature box.

FOR OFFICIAL USE

Ref No: _____

Entered By: _____

NOTE: List as set out in HSE's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

Occupational diseases

1. Where, in relation to a seafarer, the responsible person receives a diagnosis of -

- (a) Carpal Tunnel Syndrome, where the person's work involves regular use of percussive or vibrating tools;
- (b) cramp in the hand or forearm, where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm;
- (c) occupational dermatitis, where the person's work involves significant or regular exposure to a known skin sensitizer or irritant;
- (d) Hand Arm Vibration Syndrome, where the person's work involves regular use of percussive or vibrating tools, or the holding of materials which are subject to percussive processes, or processes causing vibration;
- (e) occupational asthma, where the person's work involves significant or regular exposure to a known respiratory sensitizer; or
- (f) tendonitis or tenosynovitis in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements,

the responsible person must follow the reporting procedure in this notice.

Exposure to carcinogens, mutagens and biological agents

2. Where, in relation to a person at work, the responsible person receives a diagnosis of -

- (a) any cancer attributed to an occupational exposure to a known human carcinogen or mutagen (including ionising radiation); or
- (b) any disease attributed to an occupational exposure to a biological agent,

the responsible person must follow the reporting procedure in this notice.