

# Notification of adverse health monitoring report

This form is used by a person conducting a business or undertaking (PCBU) to notify WorkCover NSW when a worker's health monitoring report contains:

- test results that indicate that the worker may have contracted a disease, injury or illness as a result of carrying out work including using, handling, generating or storing hazardous chemicals that triggered the requirements for health monitoring, or
- any recommendation that the PCBU take remedial measures, including whether the worker can continue to carry out work that triggered the requirement for health monitoring.

Please refer to the *Guide for applicants for health monitoring and notification of adverse health monitoring report* (catalogue no. WC03725) when completing this notification.

Where a worker carrying out lead risk work has been removed from lead risk work due to elevated blood lead levels, the health monitoring report is submitted to WorkCover with the *Notification of a workers removed from lead risk work* form (catalogue no. WC03630). Refer to the *Guide for applicants for lead notifications* (catalogue no. WC03040).

## Fee

There is no fee for this notification.

## How to fill in this form

Please use **black** ink only and print within the boxes in BLOCK LETTERS.

Where options are provided, please mark box(es) with a  to indicate selection(s).

## Enquiries – 13 10 50

## Privacy compliance statement

This information is collected by WorkCover for the purposes of undertaking an evaluation, assessment and processing of a notification of adverse health monitoring report under the WHS Regulation.

This information may also be used by WorkCover for the purposes of confirming applicant details, to establish and maintain a database and to assist WorkCover and its inspectorate with its work generally. It may also be provided to other State, Territory and the Commonwealth regulatory authorities.

Except for the purposes of prosecution and unless such disclosure is otherwise required by law, the information will not be accessed by other third parties in a way that would identify the individual without the consent of that individual.

You may also apply to WorkCover to access and correct any information about yourself that WorkCover holds if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to: Privacy Contact Officer, WorkCover NSW, Locked Bag 2906, Lisarow, NSW 2252.

**1. PCBU DETAILS**

**Individual PCBU or contact person for body corporate PCBU**

Title       Family/Surname

Given name

Other names

Date of birth (DD/MM/YYYY)   /   /

Daytime contact number           Mobile number         Fax number

Email

**Body corporate PCBU**

Registered name

Registered business (trading) name

ABN   -     -     -

**Street address (must NOT be a PO Box)**

Unit number/Street number/Property number (include Lot or DP number if applicable)

Street name

Suburb                      State   Postcode

**Postal address**  Same as address above or provide details

Unit number/Street number/Property number (include Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Street name

Suburb                     State   Postcode

**2. REASON FOR ADVERSE HEALTH RESULT (as described in the health monitoring report)**

- Please select one of the following:
- Test results indicate that the worker may have contracted a disease, injury or illness as a result of carrying out the work, including using, handling, generating or storing hazardous chemicals that triggered the requirements for health monitoring.
  - Any recommendation that the PCBU take remedial measures, including whether the worker can continue to carry out the work that triggered the requirement for health monitoring.

