OHU/SIS-1

SHARPS INJURY SURVEILLANCE
OCCUPATIONAL HEALTH UNIT
MINISTRY OF HEALTH

"Rakan Anda Dalam Meningkatkan Kesihatan Pekerja"
"Your Partner In Enhancing Workers Health"

COPY FOR MINISTRY

EPIDEMIOLOGY SECTION (OHU/SIS-1)

EPIDEMIOLOGY SECTION
(to be filled by Occupational Safety and Health Committee Secretary in Hospital or District Health Office)

PARTICULARS OF AFFECTED PERSON

(Please tick (✓) where applicable)

»1. Name : .....

»2. Gender : Male ☐ Female ☐

»3. NRIC : New : ☐☐☐☐☐☐ ☐☐ ☐☐☐☐

Old : ☐☐☐☐☐☐☐☐

4. Nationality : .....

5. Age on the 1st of January : ☐☐ Years

6. Department Presently attached to : .....

7. Contact number : .....

»8. Date of injury : month ☐☐ day ☐☐ year ☐☐

Time : ..... *am / pm

9. Date of first reporting to Medical / ID Team : month ☐☐ day ☐☐ year ☐☐

Time : ..... *am / pm

10. Duration of employment in Ministry of Health : ☐☐ *month (s) / Year (s)

11. Duration of work in handling sharps : ☐☐ *month (s) / Year (s)

(*) delete where is not applicable
(»») to be filled in the registry