



PURPOSE OF THIS FORM: This is the approved form as specified in the Queensland *Public Health Act 2005* (Chapter 6, Part 3A, section 279AF).

This form is to be used by a prescribed medical practitioner¹ to notify the Notifiable Dust Lung Disease (NDLD) Register of a diagnosis of a person as having notifiable dust lung disease/s² caused by occupational exposure³ to inorganic dust. A separate form is to be completed on each occasion a patient is diagnosed by a prescribed medical practitioner as having a **new notifiable dust lung disease/s**.

Prescribed medical practitioners are required to complete all fields and sections of this form (unless otherwise stated), including signature and date and submit to the NDLD Register within 30 days of the date of diagnosis. The NDLD Register web page <https://www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register> provides details on how to notify the NDLD Register via a secure portal.

PRIVACY STATEMENT: Personal information collected by Queensland Health is handled in accordance with the *Information Privacy Act 2009*. The Notifiable Dust Lung Disease Register is collecting personal information about notifiable dust lung diseases in accordance with the *Public Health Act 2005* (Chapter 6 Part 3A) and the Public Health Regulation 2018 (Part 8, Division 5) in order to monitor and analyse the incidence of notifiable dust lung disease².

All personal information will be securely stored and only accessible by authorised Queensland Health staff. The personal information will not be disclosed to any third parties without consent unless the disclosure is authorised or required by law. For information about how the Department of Health protects personal information, or to learn about a person's right to access their own personal information, please see our website at www.health.qld.gov.au.

**SECTION 1
1.1 PATIENT DETAILS**

Family name						
First name(s)						
Title	Mr	Mrs	Ms	Miss	Dr	Not stated/unknown
Date of birth	(DD/MM/YYYY)					
Gender	Male	Female	Other			
Country of birth	Australia		Other (please provide details)			
	Not stated/unknown					
Indigenous status	Aboriginal		Torres Strait Islander			
	Aboriginal and Torres Strait Islander		Non-Indigenous			
	Not stated/unknown					

1.2 PATIENT ADDRESS

Residential address			
Suburb/town			
State of territory	Postcode		
Country			



SECTION 2																																
2.1 DIAGNOSIS																																
Date of diagnosis	(DD/MM/YYYY)																															
Is this the first time you have notified the diagnosis(es) for this patient to the NDLD register?	<p>No Yes</p> <p><i>If No, please describe the circumstances for this notification e.g. updated/changed diagnosis, updated/changed occupational exposure history</i></p>																															
Is the patient deceased?	<p>No Yes (if Yes, please insert date deceased)</p> <p>(DD/MM/YYYY)</p>																															
2.2 DISEASE TYPE																																
<i>Choose the diagnosis relevant to the notification from the list below. More than one diagnosis may be selected.</i>																																
Cancer	<p>Mesothelioma Other (insert type)</p>																															
Chronic obstructive Pulmonary disease	<p>Chronic bronchitis Emphysema Other (insert type)</p>																															
Pneumoconiosis	<p>Coal workers' pneumoconiosis Mixed-dust pneumoconiosis</p> <p>Chronic silicosis Acute silicosis Accelerated silicosis</p> <p>Asbestosis</p> <p>Other (insert type, e.g. dust related diffuse fibrosis)</p>																															
	<p><i>If the patient has progressive massive fibrosis, please tick the box below.</i></p> <p>Progressive massive fibrosis</p>																															
	<p><i>If the patient has pneumoconiosis, please consider if there are any classifiable parenchymal abnormalities visible on the chest radiograph, as specified within the "Guidelines for the use of ILO International Classification of Radiographs of Pneumoconioses". If there are, please tick the box/es below that apply.</i></p> <table border="0"> <tr> <td colspan="4">Small opacities - profusion (Tick one)</td> <td colspan="4">Large opacities - size (Tick one)</td> </tr> <tr> <td>0/-</td> <td>0/0</td> <td>0/1</td> <td>1/0</td> <td>O</td> <td>A</td> <td>B</td> <td>C</td> </tr> <tr> <td>1/1</td> <td>1/2</td> <td>2/1</td> <td>2/2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2/3</td> <td>3/2</td> <td>3/3</td> <td>3/+</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Small opacities - profusion (Tick one)				Large opacities - size (Tick one)				0/-	0/0	0/1	1/0	O	A	B	C	1/1	1/2	2/1	2/2					2/3	3/2	3/3	3/+			
Small opacities - profusion (Tick one)				Large opacities - size (Tick one)																												
0/-	0/0	0/1	1/0	O	A	B	C																									
1/1	1/2	2/1	2/2																													
2/3	3/2	3/3	3/+																													



2.3 PRIMARY OCCUPATIONAL EXPOSURE HISTORY

*This section relates to possible **primary** exposure history relevant to the notification, based on patient information and presentation*

Type of inorganic dust <i>(tick one)</i>	Total length of exposure <i>(tick one)</i>	Time since last exposure <i>(tick one)</i>
Silica	0-4 years	Exposed at time of diagnosis to <1 year
Coal	5-9 years	1-4 years
Asbestos	10-14 years	5-9 years
Natural Stone	15-19 years	10-14 years
Mixed	20 years or more	15-19 years
Other, e.g tungsten, cobalt, aluminium, beryllium <i>(insert name)</i>		20 years or more
Industry <i>(tick one)</i>	Occupational role <i>(tick one)</i>	Country <i>(tick one)</i>
Mining and resources	Coal miner – aboveground	Australia:
Quarrying	Coal miner – underground	QLD WA NSW VIC
Manufacturing	Other miner – aboveground	
Construction	Other miner – underground	SA NT TAS ACT
Power	Boilermaker	Other territory, e.g. Christmas Island <i>(insert name)</i>
Transport	Mechanic	
Other <i>(insert name)</i>	Stonemason	
	Benchtop manufacturing	
	Carpenter/builder	
	Electrician	
	Tiler or paver	
	Plumber	Other country <i>(insert name)</i>
	Driver (train, truck or other machinery)	
	Labourer	
	Tunneller	
	Other <i>(insert name)</i>	



2.4 SECONDARY OCCUPATIONAL EXPOSURE HISTORY

This section relates to possible secondary exposure history relevant to the notification, based on patient information and presentation. Completion of this table is optional – please provide any information that is available

Type of inorganic dust <i>(tick one)</i>	Total length of exposure <i>(tick one)</i>	Time since last exposure <i>(tick one)</i>
Silica	0-4 years	Exposed at time of diagnosis to <1 year
Coal	5-9 years	1-4 years
Asbestos	10-14 years	5-9 years
Natural Stone	15-19 years	10-14 years
Mixed	20 years or more	15-19 years
Other, e.g tungsten, cobalt, aluminium, beryllium <i>(insert name)</i>		20 years or more
Industry <i>(tick one)</i>	Occupational role <i>(tick one)</i>	Country <i>(tick one)</i>
Mining and resources	Coal miner – aboveground	Australia:
Quarrying	Coal miner – underground	QLD WA NSW VIC
Manufacturing	Other miner – aboveground	
Construction	Other miner – underground	SA NT TAS ACT
Power	Boilermaker	Other territory, e.g. Christmas Island <i>(insert name)</i>
Transport	Mechanic	
Other <i>(insert name)</i>	Stonemason	
	Benchtop manufacturing	
	Carpenter/builder	
	Electrician	
	Tiler or paver	
	Plumber	Other country <i>(insert name)</i>
	Driver (train, truck or other machinery)	
	Labourer	
	Tunneller	
	Other <i>(insert name)</i>	



2.5 OTHER OCCUPATIONAL EXPOSURE HISTORY

*This section relates to **other possible** exposure history relevant to the notification, based on patient information and presentation. Completion of this table is **optional** – please provide any information that is available*

Type of inorganic dust <i>(tick one)</i>	Total length of exposure <i>(tick one)</i>	Time since last exposure <i>(tick one)</i>
Silica	0-4 years	Exposed at time of diagnosis to <1 year
Coal	5-9 years	1-4 years
Asbestos	10-14 years	5-9 years
Natural Stone	15-19 years	10-14 years
Mixed	20 years or more	15-19 years
Other, e.g tungsten, cobalt, aluminium, beryllium <i>(insert name)</i>		20 years or more
Industry <i>(tick one)</i>	Occupational role <i>(tick one)</i>	Country <i>(tick one)</i>
Mining and resources	Coal miner – aboveground	Australia:
Quarrying	Coal miner – underground	QLD WA NSW VIC
Manufacturing	Other miner – aboveground	SA NT TAS ACT
Construction	Other miner – underground	Other territory, e.g. Christmas Island <i>(insert name)</i>
Power	Boilermaker	
Transport	Mechanic	
Other <i>(insert name)</i>	Stonemason	
	Benchtop manufacturing	
	Carpenter/builder	
	Electrician	
	Tiler or paver	
	Plumber	Other country <i>(insert name)</i>
	Driver (train, truck or other machinery)	
	Labourer	
	Tunneller	
	Other <i>(insert name)</i>	

SECTION 3

3.1 OTHER COMMENTS REGARDING THE DIAGNOSIS



4.1 NOTIFYING MEDICAL PRACTITIONER DETAILS		
Family name		
First name(s)		
Medical specialty	<i>(Tick one)</i> <input type="checkbox"/> Occupational and environmental medicine <input type="checkbox"/> Respiratory and sleep medicine <input type="checkbox"/> Other <i>(please provide details)</i>	
Name or organisation, business or practice		<i>(or practice stamp)</i>
Postal address		
Phone number		
Fax number		
Email address		
Signature		
Date	<i>(DD/MM/YYYY)</i>	

EXPLANATION OF TERMS:

¹**Prescribed medical practitioner** means a medical practitioner who is member of a class of persons prescribed by regulation.

For the purpose of Chapter 6, Part 3A of the *Public Health Act 2005*, the prescribed class of persons is medical practitioners registered under the Health Practitioner Regulation National Law as specialist health practitioners in the following specialties or specialty fields:

- occupational and environmental medicine; and
- respiratory and sleep medicine.

²**Notifiable dust lung disease** means a respiratory disease prescribed by regulation that is caused by occupational exposure to a type of dust prescribed by regulation.

For the purpose of Chapter 6, Part 3A of the *Public Health Act 2005*, the prescribed respiratory diseases are:

- cancer;
- chronic obstructive pulmonary disease, including chronic bronchitis and emphysema; and
- pneumoconiosis, including asbestosis, coal workers' pneumoconiosis, mixed-dust pneumoconiosis and silicosis.

The type of dust prescribed is inorganic dust.

³**Occupational exposure** means exposure of a person to dust occurring, wholly or partly, in the course of the person's work.