Michigan Department of Labor and Economic Opportunity — Technical Services Division

Known or Suspected Occupational Disease Report

(Information will be held confidential as prescribed in Public Act 368 of 1978.)

EMPLOYEE AFFECTED

Name (Last, First, Middle)	Age	Sex M F	Race: ◯ White ◯ Black ◯ Hispanic ◯ Other
Street	City	State	Zip
Home Phone Number	Last Four Digits of Social Security Number (Optional)		

CURRENT EMPLOYER

Current Employer Name	Worksite County		
Worksite Address	City	State	Zip
Business Phone	If Known, Indicate Business Type (products manufactured or work done)		
Number of Employees ◯ <25 ◯ 25-100 ◯ 100-500 ◯ >500			
Employee's Work Unit/Department	Dates of Employment From:_____ (Mo Day Year) To:_____ (Mo Day Year)		
Employee's Job Title or Description of Work			

ILLNESS INFORMATION

Nature of Illness or Health Condition (Examples: Headache, Nausea, Difficulty Breathing, Cough, etc.)		Date of Diagnosis _____ (Mo Day Year)
Suspected Causative Agents (Chemicals, Physical Agents, Conditions)	Did Employee Die? Yes ◯ No ◯	If Yes, Date of Death _____ (Mo Day Year)
If Physician, Indicate Clinical Impression for Suspected Occupational Disease, or Diagnosis of Confirmed Occupational Disease		

ADDITIONAL COMMENTS

REPORT SUBMITTED BY

If Report Submitted by Non-Physician, Did Employee See a Physician?
If yes, record information below.
Yes ◯ No ◯ Don't Know ◯

Physician's Name	Phone		
Office Address	City	State	Zip
Name of Person Submitting Report — Physician ◯ Non-Physician ◯			
Address	City	State	Zip
Signature	Phone		Date

The Michigan Department of Labor and Economic Opportunity is an equal opportunity, affirmative action employer, service provider and buyer. Return completed form to:

Michigan Department of Labor and Economic Opportunity (LEO)
Michigan Occupational Safety and Health Administration (MIOSHA)
Technical Services Division (TSD)
530 W. Allegan Street, P.O. Box 30649, Lansing, MI 48909-8149
Overnight Mail Address: 2407 N. Grand River Avenue, Lansing, MI 48906

MIOSHA-TSD-51 (08/19)

Authority: P.A. 368 of 1978
Completion: Required
Penalty: Misdemeanor

BACKGROUND AND INSTRUCTIONS FOR COMPLETING
KNOWN OR SUSPECTED OCCUPATIONAL DISEASE REPORT

As a result of Executive Orders No. 1996-1, 1996-2 and 2003-18 and Part 56 of P.A. 368 of 1978, a physician, hospital, clinic or employer must report known or suspected cases of occupational diseases or workplace aggravated health conditions to the Michigan Department of Labor and Economic Opportunity within 10 days after discovery of the disease or condition on a report form furnished by the department. This requirement does not apply to occupational injuries.

This report is furnished by the Department of Labor and Economic Opportunity in accordance with Section 5611 (4) of P.A. 368 of 1978 and is required to be completed and submitted to the Department of Labor and Economic Opportunity at the address below for all such cases to fulfill the statutory mandate prescribed by Section 5611 or Part 56 of the Act.

Instructions for completing report:

General:

Multiple reports on the same individual for the same illness should not be submitted. The employer should return this form only if the employee is not referred to a physician, hospital, or clinic. If a physician returns the form indicating a suspected occupational disease and at a later date confirms this occupational disease, an updated form confirming their diagnosis and causative agent should be submitted.

Employers:

If an employer is submitting the form, all questions, with the exception of those indicated for physicians only, should be completed. The form should be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness and returned directly to Michigan Department of Labor and Economic Opportunity.

If the employee is referred to a physician, hospital, or clinic, the employer should complete the forms as stated above and the form should then accompany the employee for completion by the medical personnel.

Physician, hospital or clinic:

The questions on the form, with the exception of those indicated for physicians only, may be completed by the employer at the time of onset, discovery, or suspected occurrence of the employee's illness. The form should then accompany the employee at the time of referral to a physician, hospital, or clinic for medical evaluation where the remainder of the form should be completed and submitted to the Michigan Department of Labor and Economic Opportunity. If the employee is seen by the physician without a referral from the employer, and the physician diagnoses a suspected or confirmed occupational illness, the entire form is to be completed by the physician and submitted to the Michigan Department of Labor and Economic Opportunity.

It is the responsibility of the employer and of physicians, hospitals, and clinics to ensure that the form is properly completed, signed and submitted to the Michigan Department of Labor and Economic Opportunity within 10 days after the onset of the disease, suspected occurrence of the disease, or a workplace aggravated health condition. The form must be completed for all suspected or actual occupational diseases or health conditions aggravated by workplace exposure, including death of the employee as a result of the disease or health condition aggravated by workplace exposure.

Completion of this report form does not relieve the employer of the requirements for notification of fatalities, one or more in-patient hospitalizations, amputations, or loss of an eye, and to maintain records of each recordable occupational injury or illness pursuant to the requirements of Public Act 154 of 1974, as amended, the Michigan Occupational Safety and Health Act.

ADDITIONAL REPORT FORMS ARE AVAILABLE FROM THE MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY

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