Save Print Reset

Labour Department Case No. : _____

Notification of Suspected Occupational Disease

I (hereafter referred as "employee") was suffering incapacity arising from a suspected occupational disease specified in the Second Schedule annexed to the Employees' Compensation Ordinance. Details are as follows: (Note to employee (1))

A. *Particulars of employee*

Name of employee (Surname first)		Identity Card/Passport No.
Residential Tel. No. / Mobile Tel. No. /	Address	
Date of Birth _____ /_____ /_____ Day/Month/Year	Sex ☐ Male ☐ Female	Occupation
An apprentice ☐ Yes ☐ No	Duration of employment From ____(Day) /_____(Month) /_____(Year) to ____(Day) /____(Month) /_____(Year)	

B. *Particulars of employer (Note to employee (2))*

Name of employing company/person (Please provide full name of employing company/person)	☐ Construction Industry ☐ Transportation & Logistics Industry ☐ Catering & Hotels Industry ☐ Others

Name of Contact Person	Address
Telephone No.	

C. *Particulars of principal contractor (if applicable) (Note to employee (3))*

Name of principal contractor (Please provide full name of principal contractor)	
Name of Contact Person	Address
Telephone No.	

D. *Description of the suspected Occupational Disease*

(Please refer to the attached Second Schedule annexed to the Employees' Compensation Ordinance at Appendix)

Date of commencement of the suspected occupational disease _____(Day) /_____ (Month) /_____ (Year)	The disease suffered /Part of body affected _____ Item ( ) under 2nd Schedule
Description of post, daily work and how the suspected occupational disease was caused	
Sick leave granted to the employee due to the suspected occupational disease ☐ Yes, the relevant medical certificates are enclosed ☐ Yes, the relevant medical certificates will be submitted later (Sick leave period: From _____(Day) /_____(Month) /_____(Year) to _____(Day) /_____(Month) /_____(Year)) ☐ No	

Please "✓" in the appropriate box. *(Ver.09/2023)*

Please turn to the next page.

E. Name of hospital/clinic where the employee received treatment (Please "✓" in the appropriate box.)

KLN :	☐ Queen Elizabeth Hospital	☐ Kwong Wah Hospital	☐ Caritas Medical Centre
	☐ United Christian Hospital		
NT :	☐ Princess Margaret Hospital	☐ Prince of Wales Hospital	☐ Tuen Mun Hospital
	☐ North District Hospital	☐ Tai Po Nethersole Hospital	☐ Yan Chai Hospital
	☐ Pok Oi Hospital	☐ Tseung Kwan O Hospital	☐ North Lantau Hospital
	☐ Tin Shui Wai Hospital		
HK :	☐ Ruttonjee and Tang Shiu Kin Hospitals		☐ Queen Mary Hospital
	☐ Pamela Youde Nethersole Eastern Hospital		

☐ Others (please specify) : _____

Note to employee

(1) : Please send the original copy of this notification to the Employees' Compensation Division – Central Processing Team of the Labour Department, and send one copy each to your employer and the principal contractor (if applicable) and keep one copy for your own reference. If you have any supporting documents for the suspected occupational disease (e.g. medical certificates), please submit them together with this notification to the Employees' Compensation Division of the Labour Department, employer and principal contractor (if applicable) to facilitate the processing of your case.

Address of the Employees' Compensation Division Operations – Central Processing Team
Room 1007, 10/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon

(2) : In providing "Particulars of employer", you may refer to employment contract, mandatory provident fund membership certificate, wage receipt, wage cheque, tax return, employer's name card, employer's letterhead and envelope, etc.

(3) : In providing "Particulars of principal contractor", you may refer to work permit of the workplace, notice posted at the workplace and principal contractor's name card, etc. You may consult your employer and co-workers as well.

I declare that I have read and fully understand the "Note to employee", and confirm that the information given in this notification and the supporting documents submitted are true and accurate. I understand that provision of false or erroneous information intentionally constitutes an offence, and the Labour Department may refer the case to other relevant government departments and/or statutory bodies for follow-up.

Employee's Signature _____ Date _____

Note to employer / principal contractor

(1) : According to Section 15 of the Employees' Compensation Ordinance, an employer **must** notify the Commissioner for Labour of prescribed occupational disease using Form 2A within 14 days after the incapacity results from an occupational disease or the incapacity results from an occupational disease has come to his knowledge **irrespective of whether the occupational disease gives rise to any liability to pay compensation**.

(2) : If the employer has not yet reported the occupational disease, please report to the Employees' Compensation Division, Operations – Central Processing Team of the Labour Department using the prescribed form as soon as possible.

(3) : The information in this notification is provided by the employee only. Employer may contact the employee to obtain further details. In case there is insufficient information, the employer should report the suspected occupational disease with the information available to the Labour Department in the prescribed form first and then provide the supplementary information as soon as practicable. In case there are queries about this occupational disease, the employer should report the suspected occupational disease first and then inform the Labour Department of the investigation result as well as whether the employer admits liability under the Employees' Compensation Ordinance as soon as possible.

(4) : The prescribed form for reporting suspected occupational disease is available at the offices of the Employees' Compensation Division of the Labour Department, or may be downloaded from the website of the Labour Department. For addresses of offices of the Employees' Compensation Division and forms download, please visit the Labour Department's website at www.labour.gov.hk.

Appendix

Occupational Diseases
(Second Schedule of the Employees' Compensation Ordinance)

Item	*Description of occupational disease*	*Nature of trade, industry or process*	*Prescribed period for purposes of Section 32*
	A. CAUSED BY PHYSICAL AGENTS		
A1	Inflammation, ulceration or malignant disease of the skin or subcutaneous tissues or of the bones, or blood dyscrasia, or cataract, due to electro-magnetic radiations (other than radiant heat), or to ionising particles	Any occupation involving exposure to electro-magnetic radiations other than radiant heat, or to ionising particles.	10 years.
A2	Heat cataract	Any occupation involving frequent or prolonged exposure to rays from molten or red-hot material.	3 years.
A3	Dysbarism, including decompression sickness, barotrauma and osteonecrosis	Any occupation involving subjection to compressed or rarefied air or other gases or gaseous mixtures.	1 year. In the case of arthritis – 5 years.
A4	Cramp of the hand or forearm due to repetitive movements	Any occupation involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm.	1 year.
A5	Subcutaneous cellulitis of the hand (Beat hand)	Any occupation involving manual labour causing severe or prolonged friction or pressure on the hand.	1 year.
A6	Bursitis or subcutaneous cellulitis arising at or about the knee due to severe or prolonged external friction or pressure at or about the knee (Beat knee)	Any occupation involving manual labour causing severe or prolonged external friction or pressure at or about the knee.	1 year.
A7	Bursitis or subcutaneous cellulitis arising at or about the elbow due to severe or prolonged external friction or pressure at or about the elbow (Beat elbow)	Any occupation involving manual labour causing severe or prolonged external friction or pressure at or about the elbow.	1 year.
A8	Traumatic inflammation of the tendons of the hand or forearm (including elbow), or of the associated tendon sheaths	Any occupation involving manual labour, or frequent or repeated movements of the hand or wrist.	1 year.
A9	Carpal tunnel syndrome	Any occupation involving repetitive use of hand-held powered tools whose internal parts vibrate so as to transmit that vibration to the hand, but excluding those which are solely powered by hand.	1 year.

Item	*Description of occupational disease*	*Nature of trade, industry or process*	*Prescribed period for purposes of Section 32*
	B. CAUSED BY BIOLOGICAL AGENTS		
B1	Anthrax	Any occupation involving contact with animals infected with anthrax or the handling (including the loading and unloading or transport) of animal products or residues.	1 month.
B2	Glanders	Any occupation involving contact with equine animals or their carcasses.	1 month.
B3	Infection by leptospira	Any occupation involving - *(a)* work in places which are, or are liable to be, infested by rats, field mice or voles, or other small mammals; *(b)* work at dog kennels or the care or handling of dogs; *(c)* contact with bovine animals or their meat products or pigs or their meat products.	3 months.
B4	Pulmonary disease due to the inhalation of the dust of mouldy hay or other mouldy vegetable produce, and characterized by symptoms and signs attributable to a reaction in the peripheral part of the bronchopulmonary system, and giving rise to a defect in gas exchange (Farmer's lung)	Any occupation involving exposure to the dust of mouldy hay or other mouldy vegetable produce by reason of employment - *(a)* in agriculture, horticulture or forestry; or *(b)* loading or unloading or handling in storage such hay or other vegetable produce; or *(c)* handling bagasse.	1 year.
B5	Infection by organisms of the genus brucella	Any occupation involving contact with - *(a)* animals infected by brucella, or their carcasses or parts thereof, or their untreated products; or *(b)* laboratory specimens or vaccines of, or containing, brucella.	1 year.
B6	Tuberculosis	Any occupation involving close and frequent contacts with a source or sources of tuberculosis infection by reason of employment - *(a)* in the medical treatment or nursing of a person or persons suffering from tuberculosis, or in a service ancillary to such treatment or nursing; *(b)* in attendance upon a person or persons suffering from tuberculosis, where the need for such attendance arises by reason of physical or mental infirmity; *(c)* as a research worker engaged in research in connection with tuberculosis; *(d)* as a laboratory worker, pathologist, or post-mortem worker, where the occupation involves working with materials which are a source of tuberculosis infection, or in any occupation ancillary to such employment.	6 months.
B7	Parenterally contracted viral hepatitis	Any occupation involving contact with - *(a)* human blood or human blood products; or *(b)* a source of viral hepatitis.	6 months.
B8	Infection by streptococcus suis	Any occupation involving contact with pigs infected by streptococcus suis, or with the carcasses, products or residues of pigs so infected.	1 month.
B9	Avian chlamydiosis	Any occupation involving contact with birds infected with	1 month.

Item	*Description of occupational disease*	*Nature of trade, industry or process*	*Prescribed period for purposes of Section 32*
		chlamydia psittaci, their remains or untreated products.	
B10	Legionnaires' disease	Any occupation involving the repair, maintenance or service of - *(a)* cooling systems that use fresh water; or *(b)* hot water service systems.	1 month.
B11	Severe acute respiratory syndrome	Any occupation involving close and frequent contacts with a source or sources of severe acute respiratory syndrome infection by reason of employment – *(a)* in the medical treatment or nursing of a person suffering from severe acute respiratory syndrome, or in a service ancillary to that treatment or nursing; *(b)* in attending to a person suffering from severe acute respiratory syndrome, where the need for attendance arises by reason of the person's physical or mental infirmity; *(c)* in identifying, detecting, tracing, isolating, detaining, supervising or surveillance of a person suffering from severe acute respiratory syndrome; *(d)* as a research worker engaged in research in connection with severe acute respiratory syndrome, or in a service ancillary to that research; or *(e)* as a laboratory worker, pathologist, post-mortem worker or funeral services worker, where the employment involves the handling of any human body or other materials that are a source of severe acute respiratory syndrome infection, or in a service ancillary to that handling.	1 month.
B12	Avian influenza A	Any occupation involving close and frequent contacts with a source or sources of avian influenza A infection by reason of employment – *(a)* as a worker engaged in the handling of poultry or birds or their uncooked remains or residues, or their untreated products, that are a source of avian influenza A infection, or in a service ancillary to that handling; *(b)* as a research worker engaged in research in connection with avian influenza A, or in a service ancillary to that research; or *(c)* as a laboratory worker engaged in the handling of materials that are a source of avian influenza A infection, or in a service ancillary to that handling.	14 days.
	C. CAUSED BY CHEMICAL AGENTS		
C1	Poisoning by lead or a compound of lead	Any occupation involving the use or handling of, or exposure to the fumes, dust or vapour of, lead or a compound of lead, or a substance containing lead.	2 years. In the case of nephritis – 4 years.
C2	Poisoning by manganese or a compound of manganese	Any occupation involving the use or handling of, or exposure to the fumes, dust or vapour of, manganese or a compound of manganese, or a substance containing manganese.	2 years.
C3	Poisoning by phosphorus or an inorganic compound of	Any occupation involving the use or handling of, or exposure to the fumes, dust or vapour of, phosphorus or a	3 years.

Item	*Description of occupational disease*	*Nature of trade, industry or process*	*Prescribed period for purposes of Section 32*
	phosphorus or the anti-cholinesterase or pseudo anti-cholinesterase action of organic phosphorus compounds	compound of phosphorus, or a substance containing phosphorus.	
C4	Poisoning by arsenic or a compound of arsenic	Any occupation involving the use or handling of, or exposure to the fumes, dust or vapour of, arsenic or a compound of arsenic, or a substance containing arsenic.	1 year.
C5	Poisoning by mercury or a compound of mercury	Any occupation involving the use or handling of, or exposure to the fumes, dust or vapour of, mercury or a compound of mercury, or a substance containing mercury.	2 years.
C6	Poisoning by carbon bisulphide	Any occupation involving the use or handling of, or exposure to the fumes, or vapour of, carbon bisulphide or a compound of carbon bisulphide, or a substance containing carbon bisulphide.	1 year.
C7	Poisoning by benzene or a homologue of benzene	Any occupation involving the use or handling of, or exposure to the fumes of, or vapour containing, benzene or any of its homologues.	1 year.
C8	Poisoning by a nitro- or amino- or chloro-derivative of benzene or of a homologue of benzene, or poisoning by nitro-chlorobenzene	Any occupation involving the use or handling of, or exposure to the fumes of, or vapour containing, a nitro- or amino- or chloro-derivative of benzene or nitro-chlorobenzene.	1 year. In the case of neoplasm - 10 years.
C9	Poisoning by dinitrophenol or a homologue or by substituted dinitrophenols or by the salts of such substances	Any occupation involving the use or handling of, or exposure to the fumes of, or vapour containing, dinitrophenol or a homologue or substituted dinitrophenols or the salts of such substances.	1 year.
C10	Poisoning by halogen derivatives of hydrocarbons of the aliphatic series	Any occupation involving the use or handling of, or exposure to the fumes of, or vapour containing, halogen derivatives of hydrocarbons of the aliphatic series.	1 year.
C11	Poisoning by diethylene dioxide (dioxan)	Any occupation involving the use or handling of, or exposure to the fumes of, or vapour containing, diethylene dioxide (dioxan).	1 year.
C12	Poisoning by chlorinated naphthalene	Any occupation involving the use or handling of, or exposure to the fumes of, or dust or vapour containing, chlorinated naphthalene.	1 year.
C13	Poisoning by oxides of nitrogen	Any occupation involving the use or handling of, or exposure to the fumes of, or dust or vapour containing, oxides of nitrogen.	1 year.
C14	Poisoning by beryllium or a compound of beryllium	Any occupation involving the use or handling of, or exposure to the fumes, dust or vapour of, beryllium or a compound of beryllium or a substance containing beryllium.	1 year.
C15	Poisoning by cadmium	Any occupation involving the use or handling of, or exposure to the dust or fumes of, cadmium.	1 year.

Item	*Description of occupational disease*	*Nature of trade, industry or process*	*Prescribed period for purposes of Section 32*
C16	Dystrophy of the cornea (including ulceration of the corneal surface) of the eye	Any occupation involving the use or handling of, or exposure to, arsenic, tar, pitch, bitumen, mineral oil (including paraffin), soot or any compound, product, (including quinone or hydroquinone) or residue of any of these substances.	1 year.
C17	Primary epitheliomatous cancer of the skin	Any occupation involving the use or handling of, or exposure to, arsenic, tar, pitch, bitumen, mineral oil (including paraffin), soot or any compound, product, or residue of any of these substances.	10 years.
C18	Chrome ulceration including perforation of nasal septum	Any occupation involving the use or handling of chromic acid, chromate or bichromate of ammonium, potassium, sodium or zinc, or any preparation or solution containing any of these substances.	1 year.
C19	Primary neoplasm of the epithelial lining of the urinary tract, (renal pelvis, ureter, bladder and urethra) including papilloma, carcinoma-in-situ and invasive carcinoma	Any occupation involving the production, use or handling of alpha-naphthylamine, beta-naphthylamine or methylene-bis-ortho- chloraniline, or diphenyl substituted by at least one nitro or primary amino group or by at least one nitro and primary amino group (including benzidine) and any of the above substances if further ring substituted by halogeno methyl or methoxyl group and the salts of any of the above substances and the production of auramine and magenta.	20 years.
C20	Peripheral poly-neuropathy	Any occupation involving the production, use or handling of, or exposure to, any physical form of or any preparation or solution containing n-Hexane or methyl-n-butyl ketone.	1 year.
C21	Localised new growth of the skin, papillomatous or keratotic	Any occupation involving the use or handling of, or exposure to, arsenic, tar, pitch, bitumen, mineral oil (including paraffin), soot or any compound, product or residue of any of these substances.	10 years.
C22	Occupational vitiligo	Any occupation involving the use or handling of, or exposure to, paratertiary-butyl phenol, paratertiary-butyl catechol, para-amyl-phenol, hydroquinone or the monobenzyl or monobutyl ether of hydroquinone.	1 year.
	D. CAUSED BY MISCELLANEOUS AGENTS		
D1	Inflammation or ulceration of the skin produced by dust, liquid or vapour (including the condition known as chloracne but excluding chrome ulceration)	Any occupation involving exposure to dust, liquid or vapour, capable of irritating the skin.	1 year.
D2	Inflammation or ulceration of the mucous membrane of the upper respiratory passages or mouth produced by dust, liquid or vapour	Any occupation involving exposure to dust, liquid or vapour.	1 year.
D3	Carcinoma of the nasal cavity or associated air sinuses (nasal carcinoma)	Any occupation involving the manufacture or repair of wooden goods or the manufacture or repair of footwear or components of footwear made wholly or partly of leather or fibre board.	10 years.

Item	*Description of occupational disease*	*Nature of trade, industry or process*	*Prescribed period for purposes of Section 32*
D4	Byssinosis	Any occupation involving exposure to raw cotton dust.	1 year.
D5	Occupational asthma	Any occupation involving the use or handling of, or exposure to, any of the following agents which may irritate or sensitise the respiratory system - *(a)* isocyanates; *(b)* platinum salts; *(c)* fumes or dusts arising from the manufacture, transport or use of hardening agents (including epoxy resin curing agents) based on phthalic anhydride, trimellitic anhydride or triethylenet-etramine; *(d)* fumes arising from the use of rosin as a soldering flux; *(e)* formaldehyde; *(f)* proteolytic enzymes; *(g)* animals or insects used for the purposes of research or education or in laboratories; *(h)* dusts arising from the sowing, cultivation, harvesting, drying, handling, milling, transport or storage of barley, oats, rye, wheat or maize, or the handling , milling, transport or storage of meal or flour made therefrom. *(i)* any other sensitising agent inhaled at work.	1 month.

Employees' Compensation Division – Operations
Labour Department
Statement of Purpose of Collection of Personal Data

Purpose of Collection

1. Your personal data collected by the Employees' Compensation Division – Operations of the Labour Department (ECD) may be used for one or more of the following purposes –

(a) To process a claim for compensation under the Employees' Compensation Ordinance (the Ordinance), or an application for the Brewin Trust Fund or other assistance schemes.
(b) To conduct employees' compensation assessments under the Ordinance.
(c) To enforce relevant provisions of the Ordinance and other legislations administered by the Labour Department.
(d) To investigate accidents.
(e) To make case referrals and take follow-up actions for the Pilot Rehabilitation Programme for Employees Injured at Work.
(f) To compile statistics and conduct research.
(g) Any other purposes as may be required or permitted by law.

2. Except where required by the Ordinance, the provision of personal data is voluntary. However, the Labour Department may not be able to process the case or carry out the activities mentioned in paragraph 1 if the personal data concerned is not provided.

Classes of Transferees of Personal Data

3. For the purpose of carrying out the work mentioned in paragraph 1, ECD may transfer your personal data to the following parties, as well as collecting your personal data from them –

(a) Parties relevant to the employees' compensation claim including employer, principal contractor, sub-contractor, holding company, insurer or agents authorised by the aforementioned parties to handle the compensation claim.
(b) Employees' Compensation Assessment Board.
(c) The Judiciary / Legal Aid Department / lawyers appointed by you.
(d) Hospital Authority / relevant hospital(s), clinic(s) and medical practitioner(s).
(e) Employees Compensation Assistance Fund Board.
(f) Brewin Trust Fund Committee / government department(s) or organisation(s) administering other assistance schemes.
(g) The contractor and service providers engaged to implement the Pilot Rehabilitation Programme for Employees Injured at Work.
(h) Relevant divisions under the Labour Department.
(i) Government bureaux and department(s) and other relevant organisation(s).
(j) Consultant(s) engaged to compile statistics or conduct research.

Access to Personal Data

4. You have the right to request access to and correction of your personal data as provided under sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data subject to payment of a fee.

Enquiries

5. Any enquiries concerning your personal data provided to ECD, including making data access and correction request, should be addressed to the case officer who handles your employees' compensation claim.

6. For any request for access to personal data, please complete the latest Data Access Request Form as specified by the Privacy Commissioner for Personal Data.

Submission of Notification of Accident / Notification of Suspected Occupational Disease

Please submit the completed notification at the office of the Employees' Compensation Division of the Labour Department. Details are as below:

	Address of the Employees' Compensation Division's Office
Reporting of work injury cases or suspected prescribed occupational disease cases	**Employees' Compensation Division Operations – Central Processing Team** Room 1007, 10/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon
Enquiries on reported work injury cases or suspected prescribed occupational disease cases	**Employees' Compensation Division Operations – Team A** Room 1605, 16/F, Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong
	Employees' Compensation Division Operations – Team B 18/F, One Mong Kok Road Commercial Centre, 1 Mong Kok Road, Kowloon
	Employees' Compensation Division Operations – Team C 6/F, Tsuen Wan Government Offices, 38 Sai Lau Kok Road, Tsuen Wan, New Territories
	Employees' Compensation Division Operations – Team D(1) Rooms 05-06, 23/F, KOLOUR•Tsuen Wan I, 68 Chung On Street, Tsuen Wan, New Territories
	Employees' Compensation Division Operations – Team D(2) Room 239, 2/F, Shatin Government Offices, 1 Sheung Wo Che Road, Shatin, New Territories
	Employees' Compensation Division Operations – Team E Room 301, 3/F, North Tower, Tseung Kwan O Government Offices, 30 Tong Yin Street, Tseung Kwan O, New Territories

- For any enquiries on submission of the notifications, please call 2717 1771 (the hotline is handled by "1823").