



FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND
(NSITF) (Employees' Compensation Act, 2010)

Claim No.

Exposure History for Occupational Disease

N.B: This form is to be completed by a medical doctor

1. Full Name of Employee: Surname:
 First Name: Middle Name:

2. Please, state the period(s) the employee worked in environment with exposure related to his/her disease,
 (Start with the most recent employer).

EMPLOYER		PERIOD (dd/mm/yyyy)		OCCUPATION	EXPOSURE	Avg. No. of Hrs. of expos. Per month
Name	Reg. No.	From:	To:			

3. Description of exposure emanating from the workplace concerned

3.1. Describe the types of occupations and the work methods used and the materials to which the employee may have been exposed.

Examples of occupation:- Mason in a blast furnace; grinding of sandstones; stone mason; monumental mason; welding; boiler making; metal casting; boiler or pipe insulation; quarry work; use of abrasive powders tunneling; mine working (surface or underground), factory work in Cement factory, etc.

3.2 Year of first exposure: (yyyy)

3.3 The duration/years of exposure (which may not be the same as years in an occupation)

3.4 The frequency of exposure (once per week for an hour or 8 hours every day)

3.5 Provide any objective measurements of exposure where applicable (supply details if possible e.g. material safety data sheets, risk assessments or results of environmental hygiene assessments)

4. Smoking History:

5. Non-Occupational environmental or leisure time exposures:

6. Any relevant additional information?

7. Reporting Medical Practitioner:-

Practice Number: _____

Surname: _____

First Name: _____

Address: _____

Signature: _____

Date _____