



Asbestosis/Silicosis Case Report

Date Report Received:

Asbestosis Date of diagnosis \_\_\_/\_\_\_/\_\_\_
0. Exposed
1. Diagnosed
9. Unknown

Silicosis Date of diagnosis \_\_\_/\_\_\_/\_\_\_
0. Exposed
1. Diagnosed
9. Unknown

First Name Middle Name Last Name

Address City Zip Code Date of Birth Texas County

Sex: 1. Male 2. Female 9. Unknown
Race: 1. American Indian or Alaskan Native 2. Asian or Pacific Islander 3. Black 4. White 9. Unknown
Ethnicity (Hispanic): 1. Yes 2. No 9. Unknown

Ever Smoked: 1. Yes -> 2. No 9. Unknown
Number Pack per day Number Years
Quit Smoke: 1. Yes -> 2. No 9. Unknown
Year Quit

Mesothelioma: 1. Yes 2. No 9. Unknown Date of diagnosis \_\_\_/\_\_\_/\_\_\_

Diagnosing Physician Name Facility Name City

Provided By: 1. Physician 2. Health department 3. Medical record 4. Other: 9. Unknown

Employment History

Table with 4 columns: Employer, From, To, Occupation/ Job Activities

Additional Notes:

Please return forms to:
DSHS - Epidemiology T-701
1100 W. 49th Street
Austin, Texas 78756-3199
Fax: 512-458-7222

Date Completed \_\_\_/\_\_\_/\_\_\_
Form Completed By
DSHS Form # F09-11626
Phone: 512-458-7269 (11/05)