



FACSIMILE

ATTENTION
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FAX NUMBER
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FROM
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DATE
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NO. OF PAGES
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Re: CONFIDENTIAL

Dear Dr ,

I understand you are reviewing NAME today and would appreciate your advice in regards to NAME fitness for work as an XXXXXXXX (insert job title) any accommodations / modifications that are required in the workplace.

NAME has reported symptoms at work which he/she relates to animal allergens leading to onset of asthma. His/Her manager directed him/her to wear PPE such as face mask and gown and work in areas with adequate ventilation. NAME notes this has been effective in reducing the symptoms.

As a means of managing NAME symptoms and ensuring their safety and well-being at work I would appreciate if you could please respond to the questions below and return fax to 6488 1179. A signed authority to obtain /release information form attached.

Thank you for your assistance.

Injury Management
UWA Safety, Health and Well-Being

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RETURN FAX

To:

Fax:

From:

RE:

1. Is **NAME** fit to perform the role as an Animal Technician with UWA?

Yes / No (Please circle)

If No, is she fit for restricted work and what are the restrictions?

2. Does **NAME** report of symptoms correlate with an animal allergen in the workplace?

3. Do **NAME** asthma / allergy symptoms require further treatment or follow up (respiratory / blood / skin tests)?

Yes / No (Please circle)

4. How is **NAME** animal allergy managed / treated?

5. What is the current severity of NAME's condition?

- 1. No problems
- 2. Atopic - no evidence of animal allergy
- 3. Antibodies to laboratory animals - no symptoms
- 4. Animal allergy - upper respiratory symptoms only
- 5. Animal allergy - there is clear evidence of asthma linked to exposure to laboratory animals OR Significant asthma is present and aggravated substantially at work but it is not due to allergens specific to the workplace.

Other – further testing is required to make an accurate assessment

6. What is the prognosis for NAME condition?

7. Are there any recommendations to assist in managing this condition at work either through personal protective equipment, work techniques or work environment?

8. Are there any emergency procedures or treatment that NAME manager / supervisor need to be aware of if her symptoms become severe in the workplace?

9. Other comments

Signed _____ Date _____
