



Australian Government

Department of Health,
Disability and Ageing



Interim
Australian
Centre for
Disease
Control

National Occupational Respiratory Disease Registry notification process

July 2025

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Introduction

This document details the process of notifying an occupational respiratory disease to the National Occupational Respiratory Disease Registry (National Registry) as at July 2025, including parameters for data entry where applicable.

Create new notification

- Valid physicians are directed to the Physician dashboard after signing in.
- Physicians select 'Notify new patient' to create a new disease notification.

The screenshot shows the 'Physician dashboard' of the National Occupational Respiratory Disease Registry. The user is logged in as 'Isabella Caddy'. The dashboard has a navigation bar with 'Home', 'Notify new patient', 'Reports', and 'My details'. Below the navigation bar, there's a breadcrumb 'Home > Physician' and a title 'Physician dashboard'. A section titled 'Please select a service below' contains five buttons: 'Notify new patient' (circled in green), 'Reports', 'Patient notification questions', 'Patient privacy and consent statement', and 'My details'. Below this is a 'Registry news' section with a table of updates.

Topic	Date Published
National Occupational Respiratory Disease Registry IT update (21 March 2025)	20/03/2025

- Physicians can view submitted or draft disease notifications under 'Patient list'.
- Physicians can invite a third party to notify to the National Registry on their behalf in the 'Act on my behalf' section. The notification process is the same for the physician and the agent.

The screenshot shows two sections of the National Occupational Respiratory Disease Registry. The top section is 'Patient list', which has tabs for 'Draft notifications' and 'Patients'. Below the tabs is a search bar with the placeholder text 'Start typing patient last name'. Below the search bar is a table with columns: 'First name', 'Family name', 'Date of birth', 'Notification date', and 'Current patient'. Below the table is a message: 'There are no records to display.' The bottom section is 'Act on my behalf', which has an information icon and a text box explaining that users must provide their intended agent with the Agent - personal information collection notice and obtain their consent to enter their personal information in the National Registry before they invite them to act on their behalf. Below the text box is a link: 'Download: Agent - personal information collection notice'. Below the link are three tabs: 'Current agents', 'Pending agents', and 'Previous agents'. Below the tabs is a button: 'Authorise a person to 'Act on my behalf''. Below the button is a search bar with the placeholder text 'Start typing family name'.

Identify patient

- Enter the patient Medicare card number, Department of Veteran Affairs (DVA) number or Individual Healthcare Identifier (IHI).
- Click next.

Identify patient

Information required to notify a disease

- Patient consent, if the disease being notified is a non prescribed respiratory disease.
- The patient's last workplace of exposure that contributed to the disease being notified.
- The patient's industry, occupation, and main job task that contributed to the exposure and subsequent disease.

Select one identifier for the patient *

☒ Medicare card number ⓘ

Start typing medicare number...

☐ DVA number

Start typing DVA number...

☐ IHI number ⓘ

Start typing IHI number...

Individual reference number (IRN)

The number to the left of the patient's name on their Medicare card

-

Next

Patient details

- Enter the patient's first and family name. The patient identifier is filled in for you.

Patient details

First name *

Family name *

Medicare card number

1111 11111 8

Individual reference number (IRN)

1

Date of birth *

DD/MM/YYYY

Date of death

DD/MM/YYYY

Sex at birth *

Please select

Indigenous status *

Please select

Country of birth *

Search the country list

Language spoken at home *

Search the language list

The date you became the treating/diagnosing physician for this patient (eg, DD/MM/YYYY) *



15/07/2025

- Use the date selection tool to enter the patient's date of birth and date of death (if applicable), or type the dates in manually.
- The system will produce an error message if:
 - Date of birth or date of death are in the future
 - Date of birth puts the patient at less than 10 years of age
 - Date of death is before date of birth


Patient details

First name * Family name *


Medicare card number Individual reference number (IRN)

Date of birth *  Date of death 

Indigenous status *

Language spoken at home * 

Sex at birth *

Diagnosing physician for this patient (eg, DD/MM/YYYY) * 



April 1990						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

- Use the drop down menu to select the patient's sex at birth and Indigenous status.

Patient details


First name * Family name *


Medicare card number Individual reference number (IRN)

Date of birth *  Date of death 

Sex at birth *










Indigenous status *

Language spoken at home * 

Diagnosing physician for this patient (eg, DD/MM/YYYY) * 

April 1990						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

-
- The screenshot shows a 'Look up records' dialog box with a search bar and a table of records. The table has columns for a selection checkbox, 'Name', and 'Order'. The records are: Australia (1), Unknown/Not Stated (2), Afghanistan (3), China (4), Croatia (5), and Egypt (6). Below the table is a pagination bar with page numbers 1 through 26, where page 1 is selected. At the bottom of the dialog are 'Select', 'Cancel', and 'Remove value' buttons. An arrow points from the 'Country of birth' field in the background form to the 'Select' button in the dialog. The background form also shows a 'Language spoken at home' field and a date field labeled 'The date you became the treating/diagnosing physician for this patient (eg, DD/MM/YYYY)'.

- ## Patient details
- | | |
|--|--|
| First name * | Family name * |
| <input type="text" value="John"/> | <input type="text" value="Smith"/> |
| Medicare card number | Individual reference number (IRN) |
| <input type="text" value="1111 1111 8"/> | <input type="text" value="1"/> |
| Date of birth * | Date of death |
| <input type="text" value="04/04/1990"/>  | <input type="text" value="DD/MM/YYYY"/>  |
| Sex at birth * | Indigenous status * |
| <input type="text" value="Female"/>  | <input type="text" value="Not indigenous"/>  |
| Country of birth * | Language spoken at home * |
| <input type="text" value="Australia"/>   | <input type="text" value="English"/>   |
| The date you became the treating/diagnosing physician for this patient (eg, DD/MM/YYYY) * | |
| <input type="text" value="__/__/__"/>  | |

- Enter the patient's contact phone number and email address.
 - It is mandatory to provide a mobile or landline number.
 - Mobile numbers that do not start with '+61 4', will be flagged as errors by the system.

Contact and address details ⓘ
Please provide at least one of the contact numbers *

Mobile number <input type="text" value="+61 _____"/>	Landline number <input type="text" value="() _____"/>
Email address <input type="text"/>	

Postal address *

Address line 1 *

Address line 2

Suburb *

State/Territory * **Postcode ***

Country *

☐ Or, address is outside Australia

- Enter the patient's postal address. Our address validation service searches for the patient's address and populates each field based on the physician's selection.
 - If the patient lives overseas, select 'Or, address is outside Australia'.

Contact and address details ⓘ
Please provide at least one of the contact numbers *

Mobile number <input type="text" value="+61 448 199 233"/>	Landline number <input type="text"/>
Email address <input type="text" value="john.smith11@gmail.com"/>	

Postal address *

 8 Winter Way, GLEN WAVERLEY VIC 3150
 8 Winter Lane, CARRUM DOWNS VIC 3201
 8 Winter View, DAWESVILLE WA 6211
 8 Winter Road, GIRGARRE VIC 3624
 8 Winter Road, KALLANGUR QLD 4503
 8 Winter Place, BLACKTOWN NSW 2148
 8 Winter Place, JERRABOMBERRA NSW 2619
 Use the address I have typed

Address line 1 *

Address line 2

Suburb *

State/Territory * **Postcode ***

Country *

☐ Or, address is outside Australia

- Select 'Save and next' to move to the next section: Disease and exposure details.

Contact and address details ⓘ
Please provide at least one of the contact numbers *

Mobile number

+61 448 199 233

Landline number

Email address

john.smith11@gmail.com

Postal address *

8 Winter Place, BLACKTOWN NSW 2148

Address line 1 *

8 Winter Pl

Address line 2

Suburb *

BLACKTOWN

State/Territory *

NSW

Postcode *

2148

Country *

Australia

☐ Or, address is outside Australia

Return to dashboard

Save and next

Disease and exposure details

- Enter the patient's Pre Bronchodilator lung function values, or upload the lung function medical test file using the 'upload file' button below.

Disease and exposure details

i

Only report occupationally caused/related respiratory diseases.

Please enter Pre Bronchodilator lung function values

FEV1 (Litre)

X.xx L

FEV1 % predicted

XXX%

FVC (Litre)

X.xx L

FVC % predicted

XXX%

DLco (mL/min/mmHg)

XX.xx

DLco % predicted

XXX%

VA (Litre)

X.xx L

VA % predicted

XXX%

Test date

DD/MM/YYYY

Add/or attach the lung function medical test file

Upload file

- Select 'Add respiratory disease'.

Medical tests

Medical test type

Test date ↑

Test report name

There are no file attachments to display.

Medical test files you load are renamed automatically to meet Registry naming conventions. You may view or remove a file you have uploaded once its name appears.

Patient's diagnosed respiratory diseases (must be completed)

Add respiratory disease

Disease name

Other disease

Date of diagnosis

Main causing agent

No diseases added.

Previous

Save as draft

Save and next

- Select a disease name from the drop down menu, or select 'Other' to type in the patient's disease name manually.
 - If the occupational respiratory disease selected is not prescribed, a pop-up box will appear seeking the patient's consent to notify. A guide to collecting patient consent is available in the [Patient Privacy and Consent Statement](#).
 - Free text entries are validated by the National Registry Operator.

The screenshot shows a web form titled 'Add respiratory disease and exposure details'. Under the heading 'Select the patient's disease', there is a dropdown menu labeled 'Disease name *'. The menu is open, showing a list of respiratory diseases. 'Silicosis - Accelerated Simple' is highlighted in blue. Other visible options include 'Silicosis - Acute (silicoproteinosis)', 'Silicosis - Accelerated Complicated', 'Silicosis - Chronic Simple', 'Silicosis - Chronic Complicated', 'Asbestosis', 'Asthma - Work-exacerbated', 'COPD - Chronic Bronchitis', 'COPD - Emphysema', 'Diffuse dust-related fibrosis', 'Lung cancer', 'Mesothelioma', 'Pneumoconiosis - Coal workers', 'Pneumoconiosis - Mixed dust', 'Pneumonitis - Hypersensitivity', 'Pneumonitis - Toxic', 'Silica associated lymphadenopathy', and 'Other'. To the right of the dropdown, there are checkboxes for 'Peak expiratory flow', 'Pulse oximetry', 'Spirometry', and 'X-Ray'.

- Select the date of diagnosis.
 - Date of diagnosis cannot be before 1990.
 - Date of diagnosis cannot be in the future.

The screenshot shows the same web form, but now the 'Disease name' dropdown is closed and 'Silicosis - Accelerated Simple' is selected. Below it, the 'Date of diagnosis (eg, DD/MM/YYYY) *' field is active, showing a calendar picker. The calendar is for May 2025, and the date 16/07/2025 is entered in the input field. Below the calendar, there are checkboxes for 'Blood test', 'Bronchial provocation', 'CT scan', 'Gas transfer', 'Peak expiratory flow', 'Pulse oximetry', 'Spirometry', and 'X-Ray'. The 'CT scan' checkbox is checked.

- Select the likelihood that the disease was occupationally caused or exacerbated.

Add respiratory disease and exposure details

Select the patient's disease

Disease name * (see how to classify silicosis) ?

Silicosis - Accelerated Simple

Date of diagnosis (eg, DD/MM/YYYY) *

06/05/2025

Select the likelihood the disease was occupationally caused/exacerbated * ?

☒ Likely ☐ Very likely ☐ Certain

Disease causing agent (ie, the dust, gas, fume, mist, vapour, f

Main causing agent *

Silica dust

Select one or more tests used to make diagnosis *

☐ Blood test ☐ Peak expiratory flow

☐ Bronchial provocation ☐ Pulse oximetry

☒ CT scan ☐ Spirometry

☐ Gas transfer ☐ X-Ray

To notify an occupational respiratory disease you must at least believe it is likely the disease was caused or exacerbated, in whole or in part, by the individual's work or workplace.

If it is not at least likely, then do not report the disease.

To determine if it was likely, very likely or certain you need to understand the individual's work history and the types of hazardous agents they could have been exposed to, eg dusts, gases, fumes, mists, vapours, fungi or fibres, and the disease presenting.

- Use the drop down menu to select the disease-causing agent that was mainly associated with the disease.
 - Main disease-causing agents will pre-populate based on the disease you have selected.
 - Free text entries are validated by the National Registry Operator.

Add respiratory disease and exposure details

Disease causing agent (ie, the dust, gas, fume, mist, vapour, fungi or fibre) ?

Main causing agent *

Silica dust

☐ Blood test ☐ Peak expiratory flow

☐ Bronchial provocation ☐ Pulse oximetry

☒ CT scan ☐ Spirometry

☐ Gas transfer ☐ X-Ray

☐ Lung volumes ☐ Other medical test

** For silicosis you must supply a CT scan report **

Date CT Scan was done (eg, DD/MM/YYYY) *

DD/MM/YYYY

You must supply the CT Scan report *

No file chosen

Diagnosis confirmed by a multi-disciplinary team * ?

☐ Yes ☐ No

- Select all tests that were used to make the disease diagnosis.
 - For silicosis, it is mandatory to supply a CT scan. 'CT scan' will be automatically selected.
 - Free text entries are validated by the National Registry Operator.

Add respiratory disease and exposure details

Disease causing agent (ie, the dust, gas, fume, mist, vapour, fungi or fibre) ?

Main causing agent *

Silica dust

Select one or more tests used to make diagnosis *

☐ Blood test
 ☐ Peak expiratory flow

☐ Bronchial provocation
 ☐ Pulse oximetry

☒ CT scan
 ☐ Spirometry

☐ Gas transfer
 ☐ X-Ray

☐ Lung volumes
 ☐ Other medical test

** For silicosis you must supply a CT scan report **

Date CT Scan was done (eg, DD/MM/YYYY) *

DD/MM/YYYY

You must supply the CT Scan report *

Choose file No file chosen

Diagnosis confirmed by a multi-disciplinary team ?

☐ Yes
 ☐ No

- Select the date the CT scan was completed.
 - The date of the scan cannot be before 1990.
 - The date of the scan cannot be in the future.

Add respiratory disease and exposure details

Disease causing agent (ie, the dust, gas, fume, mist, vapour, fungi or fibre) ?

Main causing agent *

Silica dust

Select one or more tests used to make diagnosis *

☐ Blood test
 ☐ Peak expiratory flow

☐ Bronchial provocation
 ☐ Pulse oximetry

☒ CT scan
 ☐ Spirometry

☐ Gas transfer
 ☐ X-Ray

☐ Lung volumes
 ☐ Other medical test

** For silicosis you must supply a CT scan report **

Date CT Scan was done (eg, DD/MM/YYYY) *

DD/MM/YYYY

< May 2025 >

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24

- Upload the CT scan report.

Add respiratory disease and exposure details

Disease causing agent (ie, the dust, gas, fume, mist, vapour, fungi or fibre)

Main causing agent *

Silica dust

Select one or more tests used to make diagnosis *

☐ Blood test
☐ Peak expiratory flow

☐ Bronchial provocation
☐ Pulse oximetry

☒ CT scan
☐ Spirometry

☐ Gas transfer
☐ X-Ray

☐ Lung volumes
☐ Other medical test

** For silicosis you must supply a CT scan report **

Date CT Scan was done (eg, DD/MM/YYYY) *

29/04/2025

You must supply the CT Scan report *

Choose file Desktop 4.png

Diagnosis confirmed by a multi-disciplinary team *

☐ Yes ☐ No

- Select whether the diagnosis was confirmed by a multi-disciplinary team.

Add respiratory disease and exposure details

Disease causing agent (ie, the dust, gas, fume, mist, vapour, fungi or fibre)

Main causing agent *

Silica dust

Select one or more tests used to make diagnosis *

☐ Blood test
☐ Peak expiratory flow

☐ Bronchial provocation
☐ Pulse oximetry

☒ CT scan
☐ Spirometry

☐ Gas transfer
☐ X-Ray

☐ Lung volumes
☐ Other medical test

** For silicosis you must supply a CT scan report **

Date CT Scan was done (eg, DD/MM/YYYY) *

29/04/2025

You must supply the CT Scan report *

Choose file Desktop 4.png

Diagnosis confirmed by a multi-disciplinary team *

☒ Yes ☐ No

There is no requirement for a respiratory disease diagnosis to be confirmed by a multi-disciplinary team. Some respiratory diseases, such as silicosis, can be difficult to accurately diagnose and classify and some physicians choose to have their diagnosis confirmed by an MDT.

- Use the drop down menu to select the total number of years the patient believes they were exposed to the disease-causing agent.

Add respiratory disease and exposure details

Exposure details

Provide details on the patient's exposure to the disease causing agent(s) that contributed to the respiratory disease being notified.

Total years of exposure * ⓘ

Select the total years of exposure that the patient believes they have had to a disease causing agent that has caused/contributed to the respiratory disease diagnosed.

Select

Select

< 1 year

1-4 years

5-9 years

10-14 years

15-19 years

20+ years

Unknown/Not stated

Select

Contributed to the disease

Occupational exposure to a dust, gas, fume, mist, vapour, fungi, fibre or other disease causing agent that is believed contributed to their respiratory disease.

Is the patient still working in this Industry? *

☐ Yes ☐ No ☐ N/A

What was the patient's occupation when the exposure occurred? *

Search the occupation list

What was the main job task causing the exposure? *

- Use the drop down menu to select the timeframe since the patient believes they were last exposed to the disease-causing agent.

Add respiratory disease and exposure details

Exposure details

Provide details on the patient's exposure to the disease causing agent(s) that contributed to the respiratory disease being notified.

Total years of exposure * ⓘ

5-9 years

Last exposure that caused/contributed to the disease

Please provide details on the patient's most recent occupational exposure to a dust, gas, fume, mist, vapour, fungi, fibre or other disease causing agent that is believed contributed to their respiratory disease.

What is the timeframe since the last exposure? *

Select

Select

< 1 year

1-4 years

5-9 years

10-14 years

15-19 years

20+ years

Unknown/Not stated

What was the main job task causing the exposure? *

- Use the drop down menu to select the industry the patient was working in when they were exposed to the disease-causing agent.
 - Free text entries are validated by the National Registry Operator.

Construction - Other

Education and Training

Electricity, Gas, Water and Waste Services

Financial and Insurance Services

Healthcare and Social Assistance

Information Media and Telecommunications

Manufacturing - Cement, concrete

Manufacturing - Gypsum or plaster

Manufacturing - China, ceramics or pottery

Manufacturing - Clay brick or tile products

Manufacturing - Fibre cement products

Manufacturing - Foundry casting (moulding)

Manufacturing - Glass and fibreglass

Manufacturing - Lead smelting, refining or fluxing flux

Manufacturing - Engineered stone products

Manufacturing - Natural stone products

Select

Is the patient still working in this Industry? *

☐ Yes ☐ No ☐ N/A

What was the patient's occupation when the exposure occurred? *

Search the occupation list

What was the main job task causing the exposure? *

- Select whether or not the patient is still working in this industry.

Add respiratory disease and exposure details

Exposure details

Provide details on the patient's exposure to the disease causing agent(s) that contributed to the respiratory disease being notified.

Total years of exposure *

5-9 years

Last exposure that caused/contributed to the disease

Please provide details on the patient's most recent occupational exposure to a dust, gas, fume, mist, vapour, fungi, fibre or other disease causing agent that it is believed contributed to their respiratory disease.

What is the timeframe since the last exposure? *

< 1 year

What industry was the patient working in when the exposure occurred? *

Manufacturing - Engineered stone products

Is the patient still working in this Industry? *

☐ Yes ☒ No ☐ N/A

What was the patient's occupation when the exposure occurred? *

Search the occupation list

What was the main job task causing the exposure? *

- Select the occupation the patient was working in by pressing the search icon, then selecting the appropriate option from the dialogue box.
 - Physicians can search for the patient's occupation using the search bar in the top right hand corner.
 - Free text entries are validated by the National Registry Operator.

The screenshot shows a web form titled "Add respiratory disease and exposure details". A modal dialog box titled "Lookup records" is open, displaying a search bar with the text "stone" and a magnifying glass icon. Below the search bar, it says "Choose one record and click Select to continue". A list of occupation options is shown, each with a checkbox:

- ☒ Occupation (with an upward arrow icon)
- ☐ _Not Stated
- ☐ _Other
- ☐ Stone benchtop installation
- ☐ Stone benchtop manufacturer/fabricator
- ☐ Stone Polisher
- ☐ Stone Processing Machine Operator
- ☐ Stone Sawyer

 At the bottom of the dialog are three buttons: "Select", "Cancel", and "Remove value". In the background, the main form has a search bar labeled "Search the occupation list" and a question: "What was the patient's occupation when the exposure occurred? *".

- Use the drop down menu to select the main job task the patient performed when they were exposed to the disease-causing agent.
 - Free text entries are validated by the National Registry Operator.

The screenshot shows the same "Add respiratory disease and exposure details" form. A dropdown menu is open, displaying a list of job tasks:

- Cutting/Shaping/Sawing
- Excavating/drilling/earth moving
- Food preparation
- Installing
- Labouring
- Livestock/vegetation management
- Maintenance
- Mobile plant operator
- Office work
- Painting
- Polishing
- Spraying
- Transporting
- Wood working
- Not Stated
- Other
- Select (at the bottom with a downward arrow)

 Below the dropdown, there are two questions with radio button options:

- "Was the last workplace of exposure in Australia? *": Yes (selected), No
- "Was the last exposure also the main exposure that is thought to have caused the disease? *": Yes, No

 At the bottom right of the form are two buttons: "Save disease details" and "Cancel".

- Select whether the patient's last workplace of exposure was in Australia.

Add respiratory disease and exposure details

< 1 year

What industry was the patient working in when the exposure occurred? *

Manufacturing -Engineered stone products

Is the patient still working in this industry? *

☐ Yes
☒ No
☐ N/A

What was the patient's occupation when the exposure occurred? *

Stone benchtop manufacturer/fa

What was the main job task causing the exposure? *

Cutting/Shaping/Sawing

Was the last workplace of exposure in Australia? *

☒ Yes
☐ No

Last workplace of exposure details

Please provide details on the place of business where the patient believes they were exposed to a dust, gas, fume, mist, vapour, fungi, fibre or other disease causing agent that contributed to their respiratory disease.

Business name
☐ Or, Business name is not known

- Provide the name, landline number and email address of the business where the patient was last exposed to the disease-causing agent.
- Select 'Or, Business name is not known' if the patient does not know or does not want to provide the business details.

Add respiratory disease and exposure details

Last workplace of exposure details

Please provide details on the place of business where the patient believes they were exposed to a dust, gas, fume, mist, vapour, fungi, fibre or other disease causing agent that contributed to their respiratory disease.

Business name

Engineered Stone Business

☐ Or, Business name is not known

Landline Number

(02) 9566 1122

Email Address

engineered.stone.business@outlook.com

Physical address of last workplace of exposure

Start typing an address...

State/Territory of this workplace *

Select

Address line 1

Address line 2

Suburb

Postcode

Is the patient still working at this workplace? *

☐ Yes
☐ No

Was the last exposure also the main exposure that is thought to have caused the disease? *

☐ Yes
☐ No

- Enter the address of this workplace. Our address validation service searches for the address and populates each field based on the physician's selection.

Add respiratory disease and exposure details

Last workplace of exposure details

Please provide details on the place of business where the patient believes they were exposed to a dust, gas, fume, mist, vapour, fungi, fibre or other disease causing agent that contributed to their respiratory disease.

Business name

Engineered Stone Business

☐ Or, Business name is not known

Landline Number

(02) 9566 1122

Email Address

engineered.stone.business@outlook.com

Physical address of last workplace of exposure

1 Lo

1 Log Road, SALISBURY NORTH SA 5108
1 Loa Close, SOUTHERN RIVER WA 6110
1 Lot Lane, HUNTERS HILL NSW 2110
1 Low Road, YALLOURN NORTH VIC 3825
1 Lou Place, PACIFIC PINES QLD 4211
1 Low Place, PEARCE ACT 2607
1 Loy Place, QUAKERS HILL NSW 2763
Use the address I have typed

State/Territory of this workplace *

Select

Address line 1

Address line 2

- Select whether the patient is still working at this workplace.

Add respiratory disease and exposure details

Last workplace of exposure details

Please provide details on the place of business where the patient believes they were exposed to a dust, gas, fume, mist, vapour, fungi, fibre or other disease causing agent that contributed to their respiratory disease.

Business name

Engineered Stone Business

☐ Or, Business name is not known

Landline Number

(02) 9566 1122

Email Address

engineered.stone.business@outlook.com

Physical address of last workplace of exposure

1 Manufacturer Drive

State/Territory of this workplace *

NSW

Address line 1

1 Manufacturer Drive

Address line 2

Suburb

Suburb

Postcode

2000

Is the patient still working at this workplace? *

☐ Yes
☒ No

Was the last exposure also the main exposure that is thought to have caused the disease? *

☐ Yes
☐ No

- Select whether the last exposure was also the main exposure thought to have caused the disease.
 - If yes, select 'save disease details' to close the dialogue box and complete this section.

Add respiratory disease and exposure details

Last workplace of exposure details

Please provide details on the place of business where the patient believes they were exposed to a dust, gas, fume, mist, vapour, fungi, fibre or other disease causing agent that contributed to their respiratory disease.

Business name

Engineered Stone Business

☐ Or, Business name is not known

Landline Number

(02) 9566 1122

Email Address

engineered.stone.business@outlook.com

Physical address of last workplace of exposure

1 Manufacturer Drive

State/Territory of this workplace *

NSW

Address line 1

1 Manufacturer Drive

Address line 2

Suburb

Suburb

Postcode

2000

Is the patient still working at this workplace? *

☐ Yes ☒ No

Was the last exposure also the main exposure that is thought to have caused the disease? *

☐ Yes ☒ No

- If no, fill in the same information about the patient's main exposure.

Add respiratory disease and exposure details

Main exposure that caused/contributed the disease

What is the timeframe since the main exposure? *

Select

Select

< 1 year

1-4 years

5-9 years

10-14 years

15-19 years

20+ years

Unknown/Not stated

What was the main job task causing the main exposure? *

Select

Was the main workplace of exposure in Australia? *

☐ Yes ☐ No

Save disease details

Cancel

- Selecting 'Save disease details' will close the dialogue box. Some of the information you have entered will populate in the 'Medical tests' and 'Patient's diagnosed respiratory diseases' section.
- Select 'Save and next' to move to the next section: 'Additional information'.


Medical tests

Medical test type	Test date ↑	Test report name
CT Scan	29/04/2025	File upload successful

Medical test files you load are renamed automatically to meet Registry naming conventions. You may view or remove a file you have uploaded once its name appears.

Patient's diagnosed respiratory diseases

Add respiratory disease

Disease name	Other disease	Date of diagnosis	Main causing agent
Silicosis - Accelerated Simple		06/05/2025	Silica dust 

Previous

Save as draft


Save and next

Additional information

- The patient must consent to providing additional information.
- Provide the patient's consent by selecting 'Yes' or 'No'.
 - A guide to collecting patient consent is available in the [Patient Privacy and Consent Statement](#).

Additional information


The information entered here will be used to further the understanding of the causes of occupationally caused/contributed respiratory diseases and their progression.

 **Supplying additional information is optional and requires patient consent.**
The sections are expandable; select '+' to expand a section.

For more information view the [Privacy and Consent Statement](#) and [Obtaining consent](#).

Expand all

Collapse all

Patient consent (must be completed) 

Note: If the patient does not consent, you cannot supply medical tests, their additional demographic details or their job history details below.

Patient consent to supply additional Information *
"Does the patient consent to additional information being collected to further the understanding of occupationally caused respiratory diseases?"


Does the patient consent to their physician supplying additional information to the National Occupational Respiratory Disease Registry to further the understanding of occupationally caused respiratory disease risk factors, progression and prevention? This additional information includes current and future medical test reports for occupationally caused respiratory diseases; and may include additional personal information such as patient height and weight, smoking history, employment status, and the patient's occupational history of exposure to hazardous agents that caused or contributed to the disease. This information would be disclosed to relevant research projects with an interest in respiratory diseases.

☐ Yes ☐ No

- Selecting 'No' automatically directs the physician to the next page.

Additional information


The information entered here will be used to further the understanding of the causes of occupationally caused/contributed respiratory diseases and their progression.

 **Supplying additional information is optional and requires patient consent.**
The sections are expandable; select '+' to expand a section.

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Expand all

Collapse all

Patient consent (must be completed) 

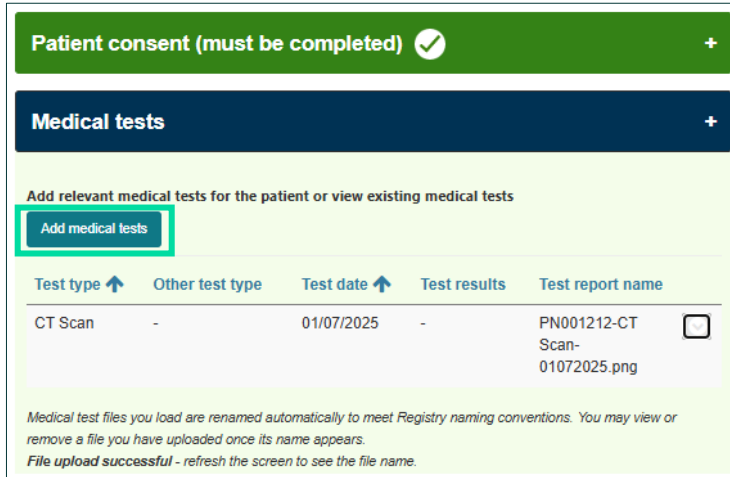
Note: If the patient does not consent, you cannot supply medical tests, their additional demographic details or their job history details below.

Patient consent to supply additional Information *
"Does the patient consent to additional information being collected to further the understanding of occupationally caused respiratory diseases?"

Does the patient consent to their physician supplying additional information to the National Occupational Respiratory Disease Registry to further the understanding of occupationally caused respiratory disease risk factors, progression and prevention? This additional information includes current and future medical test reports for occupationally caused respiratory diseases; and may include additional personal information such as patient height and weight, smoking history, employment status, and the patient's occupational history of exposure to hazardous agents that caused or contributed to the disease. This information would be disclosed to relevant research projects with an interest in respiratory diseases.

☒ Yes ☐ No

- Select 'Add medical tests' to provide additional relevant medical tests for the patient.
- Medical tests that have already been uploaded (e.g. CT scan for silicosis) will appear here.



Patient consent (must be completed) ✓

Medical tests

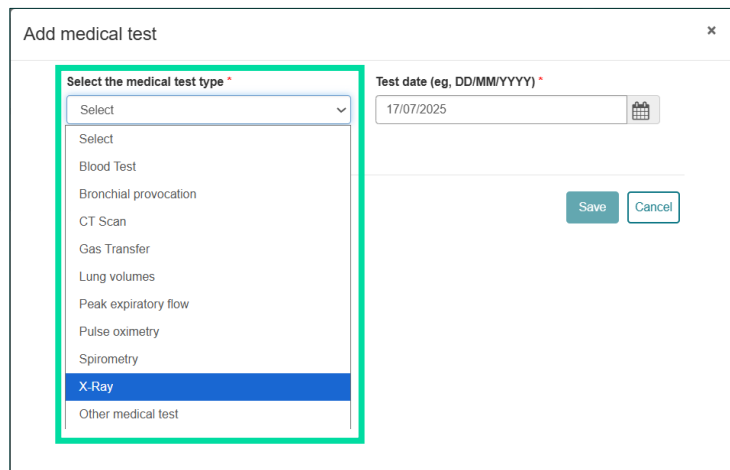
Add relevant medical tests for the patient or view existing medical tests

Add medical tests

Test type	Other test type	Test date	Test results	Test report name
CT Scan	-	01/07/2025	-	PN001212-CT Scan-01072025.png

Medical test files you load are renamed automatically to meet Registry naming conventions. You may view or remove a file you have uploaded once its name appears.
File upload successful - refresh the screen to see the file name.

- Select the medical test type from the dropdown menu.
 - Other medical tests are validated by the National Registry Operator.



Add medical test

Select the medical test type *

Select

Blood Test

Bronchial provocation

CT Scan

Gas Transfer

Lung volumes

Peak expiratory flow

Pulse oximetry

Spirometry

X-Ray

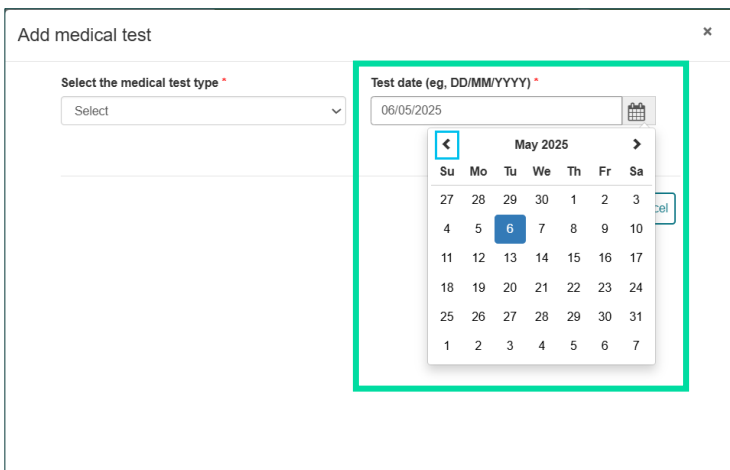
Other medical test

Test date (eg, DD/MM/YYYY) *

17/07/2025

Save Cancel

- Select the test date.
 - Test date cannot be in the future.



Add medical test

Select the medical test type *

Select

Test date (eg, DD/MM/YYYY) *

06/05/2025

May 2025

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

- Upload the medical test file and select 'Save'.

Add medical test

Medical test type *

Test date (eg, DD/MM/YYYY) *

X-Ray

06/05/2025

Please attach the medical test file

Upload file

We have your file, to save the uploaded file select the 'Save' button

Save

Cancel

- The medical test(s) you upload will appear in the 'Medical tests' box.

Supplying additional information is optional and requires patient consent. The sections are expandable; select '+' to expand a section.

For more information view the [Privacy and Consent Statement](#) and [Obtaining consent](#).

Expand all

Collapse all

Patient consent (must be completed)

Medical tests

Add relevant medical tests for the patient or view existing medical tests

Add medical tests

Test type ↑	Other test type	Test date ↑	Test results	Test report name	
CT Scan	-	29/04/2025	-	PN001215-CT Scan-29042025.png	
X-Ray	-	06/05/2025	-	File upload successful	

Medical test files you load are renamed automatically to meet Registry naming conventions. You may view or remove a file you have uploaded once its name appears.
File upload successful - refresh the screen to see the file name.

- Enter the patient's height and weight.
 - Height can be between 50cm and 300cm.
 - Weight can be between 20kg and 400kg.

Medical test files you load are renamed automatically to meet Registry naming conventions. You may view or remove a file you have uploaded once its name appears.
File upload successful - refresh the screen to see the file name.


Demographic and lifestyle details +

The details entered here reflect the patient when the first respiratory disease was diagnosed and should only be updated if incorrectly entered or the values were not previously entered.

Patient height (cm)	Patient weight (kg)
185	80

Smoking history
Current cigarette smoker
☐ Yes ☐ No

Employment status
If employed
Current job title

If not employed
Date of last employment
 (Where the day and month are not known, enter 01, eg 01/01/2023)
 

Last job title

- Select whether the patient is a current cigarette smoker.

Medical test files you load are renamed automatically to meet Registry naming conventions. You may view or remove a file you have uploaded once its name appears.
File upload successful - refresh the screen to see the file name.

Demographic and lifestyle details +


The details entered here reflect the patient when the first respiratory disease was diagnosed and should only be updated if incorrectly entered or the values were not previously entered.

Patient height (cm)	Patient weight (kg)
185	80

Smoking history
Current cigarette smoker
☐ Yes ☒ No

Former cigarette smoker
☐ Yes ☐ No

Employment status
If employed
Current job title

If not employed
Date of last employment
 (Where the day and month are not known, enter 01, eg 01/01/2023)
 

Last job title

- Select whether the patient is a former cigarette smoker.
- If yes:
 - Select the date the patient ceased smoking (cannot be in the future).
 - List the number of cigarettes smoked per day.
 - List the number of years the patient smoked for.

Demographic and lifestyle details

The details entered here reflect the patient when the first respiratory disease was diagnosed and should only be updated if incorrectly entered or the values were not previously entered.

Patient height (cm)

185

Patient weight (kg)

80

Smoking history

Current cigarette smoker

☐ Yes
 ☒ No

Former cigarette smoker

☒ Yes
 ☐ No

Date ceased smoking *

(Where the day and month are not known, enter 01, eg 01/01/2023)

01/01/2020

Number of cigarettes smoked per day

5

Number of years smoking

15

Employment status

If employed

Current job title

Enter current job title

If not employed

Date of last employment

(Where the day and month are not known, enter 01, eg 01/01/2023)

DD/MM/YYYY

Last job title

Enter last job title

- If the patient is still employed, list their current job title.
- If the patient is not employed, select the date they were last employed and list their last job title.

Demographic and lifestyle details

The details entered here reflect the patient when the first respiratory disease was diagnosed and should only be updated if incorrectly entered or the values were not previously entered.

Patient height (cm)

185

Patient weight (kg)

80

Smoking history

Current cigarette smoker

☐ Yes
 ☒ No

Former cigarette smoker

☒ Yes
 ☐ No

Date ceased smoking *

(Where the day and month are not known, enter 01, eg 01/01/2023)

01/01/2020

Number of cigarettes smoked per day

5

Number of years smoking

15

Employment status

If employed

Current job title

Labourer

If not employed

Date of last employment

(Where the day and month are not known, enter 01, eg 01/01/2023)

DD/MM/YYYY

Last job title

Enter last job title

- Select 'Add work history' to record a detailed occupational history of exposure for the patient.

Current job title

Labourer

Date of last employment

(Where the day and month are not known, enter 01, eg 01/01/2023)

DD/MM/YYYY

Last job title

Enter last job title

Occupational history of exposure +

Please enter the patient's work history that has contributed to the respiratory disease.

Add work history

Job start date	Job end date	Job title	Main job task
No occupational history recorded			

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Save and next

- List the patient's job title.

Add occupational history of exposure x

i

Only enter information for jobs where you believe they contributed to the respiratory disease. Start with the first job.

Job title *

Carpenter

Occupation

Industry

Select

Job start date *

(Where the day and month are not known, enter 01, eg 01/01/2023)

DD/MM/YYYY

Is the patient still working in this job? *

☐ Yes
 ☐ No

Disease causing agent i

Main causing agent *

Select

- Select the occupation the patient was working in by pressing the search icon, then selecting the appropriate option from the dialogue box.
 - Physicians can search for the patient's occupation using the search bar in the top right hand corner.
 - Free text entries are validated by the National Registry Operator.

Add occupational history of exposure

Lookup records

stone benchtop

Choose one record and click Select to continue

☒ Occupation ↑

☐ _Not Stated

☐ _Other

☐ Stone benchtop installation

☐ Stone benchtop manufacturer/fabricator

Select Cancel Remove value

Disease causing agent ⓘ

Main causing agent *

Select

- Use the drop down menu to select the industry the patient was working in.
 - Free text entries are validated by the National Registry Operator.

Add occupational history of exposure

Construction - Concrete, masonry or stone work

Construction - Site preparation, excavation or demolition work

Construction - Residential

Construction - Landscaping

Construction - Other

Education and Training

Electricity, Gas, Water and Waste Services

Financial and Insurance Services

Healthcare and Social Assistance

Information Media and Telecommunications

Manufacturing - Cement, concrete

Manufacturing - Gypsum or plaster

Manufacturing - China, ceramics or pottery

Select

Job start date *

(Where the day and month are not known, enter 01, eg 01/01/2023)

DD/MM/YYYY

Is the patient still working in this job? *

☐ Yes ☐ No

Disease causing agent ⓘ

Main causing agent *

Select

- Select the date the patient started this job (cannot be in the future).

Add occupational history of exposure

Only enter information for jobs where you believe they contributed to the respiratory disease.
Start with the first job.

Job title *
Carpenter

Occupation
Stone benchtop installation

Industry
Construction - Residential

Job start date *
(Where the day and month are not known, enter 01, eg 01/01/2023)
01/01/2022

January 2022

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22

- Select whether the patient is still working in the job you have listed.
- If not, select the date the patient stopped working in the job you have listed (date cannot be in the future).

Add occupational history of exposure

Only enter information for jobs where you believe they contributed to the respiratory disease.
Start with the first job.

Job title *
Carpenter

Occupation
Stone benchtop installation

Industry
Construction - Residential

Job start date *
(Where the day and month are not known, enter 01, eg 01/01/2023)
01/01/2022

Is the patient still working in this job? *
☐ Yes ☒ No

Job end date *
(Where the day and month are not known, enter 01, eg 01/01/2023)
01/01/2023

Disease causing agent

Main causing agent

- Use the drop down menu to select the disease causing agent that was mainly associated with the disease.
 - Free text entries are validated by the National Registry Operator.

Add occupational history of exposure

Is the patient still working in this job? *
☐ Yes ☒ No

Job end date *
 (Where the day and month are not known, enter 01, eg 01/01/2023)
 01/01/2023

Disease causing agent ⓘ

Main causing agent *
 Select

- Methylisocyanate
- Mixed dust
- Nitrogen Dioxide
- Other mineral dust
- Paint solvent-based
- Passive smoking
- Phosgene
- Physical exertion
- Polycyclic aromatic hydrocarbons
- Radon gas
- Silica dust**
- Soot
- Sulphur Dioxide
- Welding fumes

g, normal place of business)

supplied air ☐ No

the work area?

- Select whether the exposure occurred on-site or off-site.

Add occupational history of exposure

Is the patient still working in this job? *
☐ Yes ☒ No

Job end date *
 (Where the day and month are not known, enter 01, eg 01/01/2023)
 01/01/2023

Disease causing agent ⓘ

Main causing agent *
 Silica dust

Secondary causing agent *
 Select

Main exposure site ⓘ

☐ Off-site (eg, client's premises) ☐ On-site (eg, person's normal place of business)

Off-site: When the exposure occurred somewhere away from the person's normal place of business (that is, not at their workshop/shop/factory/mine). Working at a client's premises is off-site.

On-site: When the exposure occurred at the person's normal place of business (their workshop/shop/factory/mine).

Average hours worked per week

Main job task *
 Select

Was respiratory protective equipment (RPE) used? ⓘ
☐ Yes, mask with supplied air ☐ Yes, but no supplied air ☐ No

What type of ventilation/control measures were there in the work area?

- List the average number of hours the patient worked each week in this job.

Add occupational history of exposure

Is the patient still working in this job? *
☐ Yes ☒ No

Job end date *
 (Where the day and month are not known, enter 01, eg 01/01/2023)
 01/01/2023

Disease causing agent ⓘ

Main causing agent *
 Silica dust

Secondary causing agent
 Select

Main exposure site ⓘ
☐ Off-site (eg, client's premises) ☒ On-site (eg, normal place of business)

Average hours worked per week
 35

Main job task *
 Select

Was respiratory protective equipment (RPE) used? ⓘ
☐ Yes, mask with supplied air ☐ Yes, but no supplied air ☐ No

What type of ventilation/control measures were there in the work area?

- Use the drop down menu to select the main job task the patient performed when they were exposed to the disease-causing agent.
 - Free text entries are validated by the National Registry Operator.

Add occupational history of exposure

Job end date *
 (Where the day and month are not known, enter 01, eg 01/01/2023)
 01/01/2023

Main exposure site ⓘ
☐ Off-site (eg, client's premises) ☒ On-site (eg, normal place of business)

Was respiratory protective equipment (RPE) used? ⓘ
☐ Yes, mask with supplied air ☐ Yes, but no supplied air ☐ No

What type of ventilation/control measures were there in the work area?

Main job task *
 Assay laboratory sample preparing
 Cleaning tools, surfaces, or the workspace
 Cutting/Shaping/Sawing
 Excavating/drilling/earth moving
 Food preparation
 Installing
Labouring
 Livestock/vegetation management
 Maintenance
 Mobile plant operator
 Office work
 Painting
 Polishing
 Spraying
 Transporting
 Wood working
 Not Stated
 Other
 Select

- Select whether the patient used respiratory protective equipment (RPE) when working at this job.

Add occupational history of exposure

Is the patient still working in this job? *

☐ Yes
☒ No

Job end date *

(Where the day and month are not known, enter 01, eg 01/01/2023)

01/01/2023

Disease causing agent ⓘ

Main causing agent *

Silica dust

Secondary causing agent

Select

Main exposure site ⓘ

☐ Off-site (eg, client's premises)
☒ On-site (eg, normal place of business)

Average hours worked per week

35

Main job task *

Labouring

Was respiratory protective equipment (RPE) used? ⓘ

☐ Yes, mask with supplied air
☒ Yes, but no supplied air
☐ No

Was the RPE fit tested? (ie, individually issued making sure that it fits?)

☐ Yes
☐ No

RPE refers to any respiratory protective equipment used or worn to minimise the risk to worker's respiratory health and safety. This may include, but is not limited to, face masks and respirators.

- Select whether or not the RPE was fit tested, if used.

Add occupational history of exposure

Is the patient still working in this job? *

☐ Yes
☒ No

Job end date *

(Where the day and month are not known, enter 01, eg 01/01/2023)

01/01/2023

Disease causing agent ⓘ

Main causing agent *

Silica dust

Secondary causing agent

Select

Main exposure site ⓘ

☐ Off-site (eg, client's premises)
☒ On-site (eg, normal place of business)

Average hours worked per week

35

Main job task *

Labouring

Was respiratory protective equipment (RPE) used? ⓘ

☐ Yes, mask with supplied air
☒ Yes, but no supplied air
☐ No

Was the RPE fit tested? (ie, individually issued making sure that it fits?)

☐ Yes
☒ No

- Select what type of ventilation or control measures were in the work area when the patient was working in this job.
 - Free text entries are validated by the National Registry Operator.

Add occupational history of exposure

Main job task *

Labouring

Was respiratory protective equipment (RPE) used? ⓘ

☐ Yes, mask with supplied air ☒ Yes, but no supplied air ☐ No

Was the RPE fit tested? (ie, individually issued making sure that it fits?)

☐ Yes ☒ No

What type of ventilation/control measures were there in the work area?

☒ No special ventilation in the work area ☐ Water suppression

☐ Local ventilation that removed the pollutant ☐ Use of vacuums with hepa filters

☐ Extraction fitted to the tool(s) ☐ Sweeping with brushes

☐ Open window/door ☐ Use of compressed air to clear up

☐ Work was performed outside ☐ Unknown

☐ Work was done in a booth ☐ Other ventilation/control measure present

Save Cancel

- Selecting 'save' will close the dialogue box. Some of the information you have entered will populate in the 'Occupational history of exposure' section.
- Select 'Save and next' to move to the next section: 'Research consent'.

Current job title

Labourer

Date of last employment

(Where the day and month are not known, enter 01, eg 01/01/2023)

DD/MM/YYYY

Last job title

Enter last job title

Occupational history of exposure +

Please enter the patient's work history that has contributed to the respiratory disease.

Add work history

Job start date	Job end date	Job title	Main job task
01/01/2022	01/01/2023	Carpenter	Labouring

Previous Save as draft Save and next

Research consent

- Select 'Yes' or 'No' based on the patient's response to each research consent question.

Research consent

The Department of Health and Aged Care requires patient's consent to share their personal information with researchers to support research into the prevention of occupational respiratory diseases like silicosis, and harmful workplace exposures. Please check the boxes below if the patient consents to the Department collecting their personal information, including sensitive health information, and sharing it with researchers for the purpose indicated above.

Please note:

- Researchers will not have access to information that identifies the patient's workplace or physician.
- We will only share identifying details (e.g. patient's name, address) where the research cannot use de-identified information.

For more information view the [Privacy and Consent Statement](#) and [Obtaining consent](#).

Patient consent (must be completed)

Does the patient consent to:

the Department sharing their information in the National Registry with people conducting research into occupational respiratory diseases?

☐ Yes ☐ No

the Department sharing their contact details with researchers seeking their participation in future studies about occupational respiratory diseases, including clinical trials?

☐ Yes ☐ No

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Save as draft

Save and next

- Select 'Save and next' to move to the final section: 'Submit notification'.

Research consent

The Department of Health and Aged Care requires patient's consent to share their personal information with researchers to support research into the prevention of occupational respiratory diseases like silicosis, and harmful workplace exposures. Please check the boxes below if the patient consents to the Department collecting their personal information, including sensitive health information, and sharing it with researchers for the purpose indicated above.

Please note:

- Researchers will not have access to information that identifies the patient's workplace or physician.
- We will only share identifying details (e.g. patient's name, address) where the research cannot use de-identified information.

For more information view the [Privacy and Consent Statement](#) and [Obtaining consent](#).

Patient consent (must be completed)

Does the patient consent to:

the Department sharing their information in the National Registry with people conducting research into occupational respiratory diseases?

☒ Yes ☐ No

the Department sharing their contact details with researchers seeking their participation in future studies about occupational respiratory diseases, including clinical trials?

☒ Yes ☐ No

Previous


Save as draft

Save and next


Submit notification

- Complete the declaration by selecting 'Yes'.

Submit notification



Thank you!
You have entered all of the required information.



Please ensure that all information is accurate and complete. You will not be able to make changes after submitting the patient notification.

Declaration: I declare that all information provided is true and correct to the best of my knowledge.
☐ Yes ☐ No

Please submit the notification or review the details you have entered and then submit the patient notification to the Registry.

If you are not ready to submit the patient notification, please select 'Save as draft'. Then, you can access it from your dashboard under the 'Draft notifications' at a later date. Ensure to 'Submit' or 'Save as draft' before leaving the page.


Previous

Save as draft


Submit

- Select 'Submit' to submit the notification.
- Physicians who are not ready to submit the notification can select 'Save as draft'.

Submit notification



Thank you!
You have entered all of the required information.



Please ensure that all information is accurate and complete. You will not be able to make changes after submitting the patient notification.

Declaration: I declare that all information provided is true and correct to the best of my knowledge.
☒ Yes ☐ No

Please submit the notification or review the details you have entered and then submit the patient notification to the Registry.

If you are not ready to submit the patient notification, please select 'Save as draft'. Then, you can access it from your dashboard under the 'Draft notifications' at a later date. Ensure to 'Submit' or 'Save as draft' before leaving the page.

Previous

Save as draft

Submit