

# OCCUPATIONAL DISEASE SPECIALTY PROGRAM

## OCCUPATIONAL DERMATITIS "SKIN DIARY"

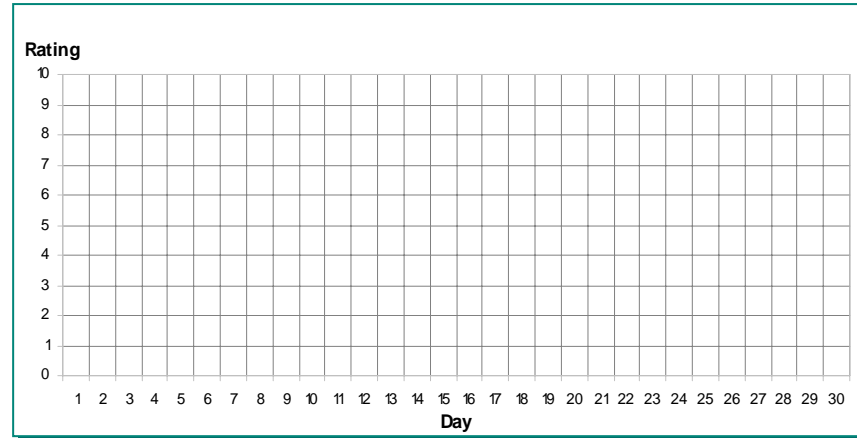
Name	
Job Title	
Industry	
Diagnosis	
Exposures	

DATE DIARY STARTED:

**SKIN RATING** (by marking a dot in the appropriate rating/day)

*On a scale of 0 to 10, rate your skin condition each day for one month ("0" being no skin problem and "10" being very severe).*

*The day you start is Day 1. Continue for 1 month or 30 days.*



*If you had a skin problem, did you inform anyone at work?*

Yes

No

*If yes, to whom?*

Employer

Health and Safety Worker Rep

Family Physician

Plant Nurse

## GENERAL WORK PLACE ISSUES

Does the employer provide skin protection:

Product Type	Yes	No	Product Type	Yes	No
Moisturizer	<input type="checkbox"/>	<input type="checkbox"/>	Skin medication	<input type="checkbox"/>	<input type="checkbox"/>
Barrier cream	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>

## GLOVE TYPE *(Check)*

- Natural rubber/latex
- Synthetic rubber (e.g., nitrile, neoprene, etc.)
- Plastic (e.g., vinyl, PVC, polyethylene)
- Cotton gloves underneath rubber or plastic gloves
- Leather
- Cloth
- Don't know
- Other: \_\_\_\_\_

Are new (unused) gloves provided for job tasks when required?

Yes  No

If no to the above, are gloves re-used in the workplace?

Yes  No

## ASSOCIATED SYMPTOMS *(Check if applies)*

Do you have eye irritation with your rash?

Do you have nasal irritation with your rash?

Do you have cough, wheezing, chest tightness, shortness of breath associated with your rash?



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