Heat-Related Illness Evaluation Form (For Employers)

Please fill up this form for workers diagnosed with a heat-related illness arising from work.

1. Work Details	a) **What were the immediate job task(s) before the incident, describe the work process, *e.g. rebar works, carrying bricks, operating forklift*** _____ _____ b) **Where was the work location:** ☐ Outdoor e.g. construction site, road works ☐ Tunnel / Underground ☐ Indoor e.g. within a building ☐ Others _____ c) **Was WBGT monitored at the worksite?** ☐ Yes. What was the WBGT at the time of the incident? _____ ☐ No
2. Vulnerable workers	a) **Does the worker have any of these factors which increases their risk of heat stress?** ☐ Age > 65 years old ☐ Pregnancy ☐ Overweight or Obese (BMI ≥ 23) ☐ Newly assigned to work in hot environments ☐ Unwell and recovering from illness ☐ Chronic medical conditions e.g. Diabetes Mellitus and medications ☐ Previous heat-related illness
3. Acclimatisation *(Recently employed or new workers should start work in hot conditions slowly over 1- 2 weeks)*	a) **Was the worker acclimatised?** ☐ Yes ☐ No b) **Was the worker** ☐ New or returning from countries with colder climates ☐ Newly assigned to outdoor work ☐ Returning from long leave (> 1 week) ☐ Recovering from prolonged illness (> 1 week)
4. Attire	a) **Was the worker wearing any impermeable clothing e.g. coveralls or multiple layers of clothing e.g. inner vest with work attire?** ☐ Yes ☐ No
5. Other measures	a) **Was there shade provided at the work area?** ☐Yes ☐No b) **Was there shade provided at the rest area?** ☐Yes ☐No c) **Was adequate water supplies provided?** ☐Yes ☐No d) **Was worker trained on heat stress hazard?** ☐Yes ☐No