

Industrial Injuries Disablement Benefit for occupational asthma or allergic rhinitis

If you are claiming Industrial Injuries Disablement Benefit for:

- allergic rhinitis (Prescribed Diseases D4), **or**
- occupational asthma (Prescribed Diseases D7)

please fill in this form and send with a completed **BI100PD** claim form to Industrial Injuries Branch, Mail Opening Unit, PO Box 42, Limavady, BT49 4AN. Phone: 0300 092 3383

Title

Surname or family name

All other names – in full

National Insurance (NI) Number

| | | | | |
|---------|---------|--|--|--------|
| Letters | Numbers | | | Letter |
| | | | | |

In any of the jobs you have told us about, were you exposed at any time to any of the things listed on this page or on page 2?

| | | Employer you worked for at the time |
|---|--|---|
| a | isocyanates | <input style="width: 100%;" type="text"/> |
| b | platinum salts | <input style="width: 100%;" type="text"/> |
| c | fumes or dusts arising from the manufacture, transport or use of hardening agents - including epoxy resin curing agents - based on phthalic anhydride, tetrachlorophthalic anhydride, trimellitic anhydride or triethylenetetamine | <input style="width: 100%;" type="text"/> |
| d | fumes arising from the use of rosin as a soldering flux | <input style="width: 100%;" type="text"/> |
| e | proteolytic enzymes | <input style="width: 100%;" type="text"/> |
| f | animals including insects and other arthropods used for the purposes of research or education or in laboratories. | <input style="width: 100%;" type="text"/> |
| | Note this differs slightly from o | |
| g | dusts arising from the sowing, cultivation, harvesting, drying, handling, milling, transport or storage of barley, oats, rye, wheat or maize, or the handling, milling, transport or storage of meal or flour made therefrom | <input style="width: 100%;" type="text"/> |
| h | antibiotics | <input style="width: 100%;" type="text"/> |
| i | cimetidine | <input style="width: 100%;" type="text"/> |
| j | wood dust | <input style="width: 100%;" type="text"/> |
| k | ispaghula | <input style="width: 100%;" type="text"/> |

| | | Employer you worked for at the time |
|---|---|-------------------------------------|
| l | castor bean dust | <input type="text"/> |
| m | ipecacuanha | <input type="text"/> |
| n | azodicarbonamide | <input type="text"/> |
| o | animals including insects and other arthropods or their larval forms, used for the purposes of pest control or fruit cultivation, or the larval forms of animal used for the purposes of research, education or in laboratories. Note this differs slightly from f | <input type="text"/> |
| p | glutaraldehyde | <input type="text"/> |
| q | persulphate salts or henna | <input type="text"/> |
| r | *crustaceans or fish or products arising from these in the food processing industry | <input type="text"/> |
| s | reactive dyes | <input type="text"/> |
| t | soya bean | <input type="text"/> |
| u | tea dust | <input type="text"/> |
| v | green coffee bean dust | <input type="text"/> |
| w | fumes arising from stainless steel welding | <input type="text"/> |
| x | products made with natural rubber latex | <input type="text"/> |

Do you think your asthma was caused by any other substance you were exposed to at work?

No

Yes

Please tell us about this

What was the substance

Please be as precise as possible. General terms such as smoke, fumes or dust will not be good enough.

Which employer or employers were you working for when you were exposed to the substance?
For example, employer 3.

Declaration

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

Signature

Date / /