# OCCUPATIONAL DISEASE SPECIALTY PROGRAM

## OCCUPATIONAL DERMATITIS

### “SKIN DIARY”

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Industry</th>
<th>Diagnosis</th>
<th>Exposures</th>
</tr>
</thead>
</table>

**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:

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moisturizer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barrier cream</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin medication</td>
<td></td>
<td></td>
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<tr>
<td>Gloves</td>
<td></td>
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</tbody>
</table>

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? □