

OSHA Asbestos Periodic Medical Questionnaire
(Appendix D to 29 CFR 1910.1001 and 29 CFR 1915.1001)

Part 2. The following information must be completed by every employee who is provide a periodic medical examination for asbestos and is included in the employer's Asbestos Medical Surveillance Program. Please answer the questions you will be asked as completely and carefully as you can. If you do not understand a question, ask a WORKNET Occupational Medicine representative for assistance.

1. Name: _____
2. Social security number: _____
3. Clock number: _____
4. Present occupation: _____
5. Plant: _____
6. Address: _____
7. _____
(zip code)
8. Telephone number: _____
9. Interviewer: _____
10. Date: _____

11. What is your marital status:
- | | | | |
|------------|-------|---------------------------|-------|
| a. Single | _____ | b. Married | _____ |
| c. Widowed | _____ | d. Separated/
Divorced | _____ |

12. OCCUPATIONAL HISTORY

12. A. In the past year, did you work full time (30 hours per week or more) for 6 months or more:
- | | | | |
|--------|-------|-------|-------|
| a. Yes | _____ | b. No | _____ |
|--------|-------|-------|-------|

IF YES TO 12A:

B. In the past year, did you work in a dust:

- a. Yes _____ b. No _____ c. Does not apply _____

C. Was the dust exposure:

- a. Mild _____ b. Moderate _____ c. Severe _____

D. In the past year, were you exposed to gas or chemical fumes in your work:

- a. Yes _____ b. No _____

E. Was exposure:

- a. Mild _____ b. Moderate _____ c. Severe _____

F. In the past year, what was your:

1. Job/occupation: _____

2. Position, job title: _____

13. RECENT MEDICAL HISTORY

13. A. Do you consider yourself to be in good health:

- a. Yes _____ b. No _____

If no, state reason _____

B. In the past year, have you developed:

- | | Yes | No |
|---------------------|-------|-------|
| a. Epilepsy: | _____ | _____ |
| b. Rheumatic fever: | _____ | _____ |
| c. Kidney disease: | _____ | _____ |
| d. Bladder disease: | _____ | _____ |
| e. Diabetes: | _____ | _____ |
| f. Jaundice: | _____ | _____ |
| g. Cancer: | _____ | _____ |

14. CHEST COLDS AND CHEST ILLNESSES

14. A. If you get a cold, does it “usually” go to your chest (usually means more than ½ the time):

- a. Yes _____ b. No _____ c. Don't get colds _____

15. A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed:
 a. Yes _____ b. No _____ c. Does not apply _____
- B. Did you produce phlegm (mucous) with any of these chest illnesses:
 a. Yes _____ b. No _____ c. Does not apply _____
- C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more:
 Number of illnesses _____ No such illnesses _____

16. RESPIRATORY SYSTEM

In the past year have you had:

Yes or No

Further Comment on Positive Answers

Asthma _____

Bronchitis _____

Hay Fever _____

Other Allergies _____

Pneumonia _____

Tuberculosis _____

Chest Surgery _____

Other Lung Problems _____

Heart Disease _____

Do you have:

Yes or No

Further Comment on Positive Answers

Frequent Colds _____

Chronic Cough _____

Shortness of breath
 When walking or
 Climbing one Flight
 Of Stairs _____

Do you:

Yes or No

Further Comment on Positive
Answers

Wheeze

Cough up phlegm

Smoke cigarettes

Packs per day_____

How many years_____

Signature_____ Date_____

April 2002