

§5208. Asbestos, Appendix D - Medical Questionnaires - Mandatory

Part 2

PERIODIC MEDICAL QUESTIONNAIRE:

1. NAME: \_\_\_\_\_
2. SOCIAL SECURITY NUMBER: \_\_\_\_\_
3. CLOCK NUMBER: \_\_\_\_\_
4. PRESENT OCCUPATION: \_\_\_\_\_
5. PLANT: \_\_\_\_\_
6. ADDRESS: \_\_\_\_\_
7. CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_
8. TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EXT. \_\_\_\_\_
9. INTERVIEWER: \_\_\_\_\_

10. DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
11. What is your marital status? 1.  Single 2.  Married 3.  Widowed 4.  Separated/Divorced

12. OCCUPATIONAL HISTORY

12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more?: 1.  Yes 2.  No
IF YES TO 12A:
12B. In the past year, did you work in a dusty job? 1.  Yes 2.  No 3.  Does Not Apply
12C. Was dust exposure: 1.  Mild 2.  Moderate 3.  Severe
12D. In the past year, were you exposed to gas or chemical fumes in your work?: 1.  Yes 2.  No
12E. Was exposure: 1.  Mild 2.  Moderate 3.  Severe
12F. In the past year, what was your:
1. Job/Occupation? \_\_\_\_\_
2. Position/Job Title? \_\_\_\_\_

13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? 1.  Yes 2.  No
If "No", state reason: \_\_\_\_\_
13B. In the past year, have you developed:
Epilepsy? 1.  Yes 2.  No
Rheumatic Fever? 1.  Yes 2.  No
Kidney Disease? 1.  Yes 2.  No
Bladder Disease? 1.  Yes 2.  No
Diabetes? 1.  Yes 2.  No
Jaundice? 1.  Yes 2.  No
Cancer? 1.  Yes 2.  No

14. CHEST COLDS AND CHEST ILLNESSES

14A. If you get a cold, does it "usually" go to your chest? (Usually means more than 1/2 the time) 1.  Yes 2.  No 3.  Don't Get Colds
15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1.  Yes 2.  No 3.  Does Not Apply
IF YES TO 15A:
15B. Did you produce phlegm with any of these chest illnesses? 1.  Yes 2.  No 3.  Does Not Apply
15C. 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: Further Comment on Positive Answers
Asthma  Yes  No \_\_\_\_\_
Bronchitis  Yes  No \_\_\_\_\_
Hay Fever  Yes  No \_\_\_\_\_
Other Allergies  Yes  No \_\_\_\_\_
Pneumonia  Yes  No \_\_\_\_\_
Tuberculosis  Yes  No \_\_\_\_\_
Chest Surgery  Yes  No \_\_\_\_\_
Other Lung Problems  Yes  No \_\_\_\_\_
Heart Disease  Yes  No \_\_\_\_\_
Do You Have:
Frequent Colds  Yes  No \_\_\_\_\_
Chronic Cough  Yes  No \_\_\_\_\_
Shortness Of Breath When Walking Or Climbing One Flight Of Stairs  Yes  No \_\_\_\_\_
Do you:
Wheeze  Yes  No \_\_\_\_\_
Cough Up Phlegm  Yes  No \_\_\_\_\_
Smoke Cigarettes  Yes  No \_\_\_\_\_ Packs Per Day \_\_\_\_\_ How Many Years \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_