Appendix D to §1915.1101

Medical Questionnaires - Mandatory

This mandatory appendix contains the medical questionnaires that must be administered to all employees who are exposed to asbestos above the permissible exposure limit, and who will therefore be included in their employer's medical surveillance program. Part 1 of this appendix contains the Initial Medical Questionnaire, which must be obtained for all new hires who will be covered by the medical surveillance requirements. Part 2 includes the abbreviated Periodical Medical Questionnaire, which must be administered to all employees who are provided periodic medical examinations under the medical surveillance provisions of the standard in this section.

Part 1

INITIAL MEDICAL QUESTIONNAIRE			
1. NAME			
2. CLOCK NUMBER			
3. PRESENT OCCUPATION			
4. PLANT			
5. ADDRESS			
6. ZIP CODE			
7. TELEPHONE NUMBER ()			
8. INTERVIEWER			
9. DATE			
10. Date of Birth Month Day Year			
11. Place of Birth			
12. Sex 1. Male 2. Female			
	4. ☐ Seperated	/Divorced	
,			Latina
(11 3)		. □ Hispanic or	Laurio
5. ☐ American Indian or Alaska Native 6. ☐ Native Haw	alian or Other P	acific Islander	
15. What is the highest grade completed in school?			
(For example 12 years is completion of high school)			
OCCUPATIONAL HISTORY			
16A. Have you ever worked full time (30 hours per week or more) for 6 months or more? 1. \Box	Yes 2. □ N	0	
IF YES TO 16A:			
	. Does Not A	pply	
Specify job/industry Total Years Worked	_		
Was dust exposure: 1. ☐ Mild 2. ☐ Moderate	e 3. □ Seve	ere	
C. Have you ever been exposed to gas or chemical fumes in your work? 1. □ Yes 2. □ No	-		
Specify job/industry Total Years Worked	_		
Was exposure: 1. ☐ Mild 2. ☐ Moderate	e 3. □ Seve	ere	
D. What has been your usual occupation or job—the one you have worked at the longest?			
1. Job occupation			
2. Number of years employed in this occupation			
3. Position/job title			
4. Business, field or industry			
(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)			
Have you ever worked:			
E. In a mine?	□ YES		□ NO
F. In a quarry?	□ YES		□ NO
G. In a foundry?	☐ YES		□ NO
·	☐ YES		□ NO
H. In a pottery?	☐ YES		
I. In a cotton, flax or hemp mill?			□ NO
J. With asbestos?	□ YES		□ NO
17. PAST MEDICAL HISTORY			
A. Do you consider yourself to be in good health?	☐ YES		□ NO
If "NO" state reason			
B. Have you any defect of vision?	☐ YES		□ NO
If "YES" state nature of defect			
C. Have you any hearing defect?	☐ YES		□ NO
If "YES" state nature of defect			
D. Are you suffering from or have you ever suffered from:			
a. Epilepsy (or fits, seizures, convulsions)?	☐ YES		□ NO
b. Rheumatic fever?	☐ YES		□ NO
c. Kidney disease?	□ YES		□ NO
d. Bladder disease?	□ YES		□ NO
e. Diabetes?	☐ YES		□ NO
f. Jaundice?	☐ YES		□ NO
18. CHEST COLDS AND CHEST ILLNESSES			
18A. If you get a cold, does it "usually" go to your chest? (Usually means more than 1/2 the time)	1. ☐ Yes	2. □ No	□ Don't get colds
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Appendix D to §1915.1001 Medical Questionnaires - Mandatory (continued)

C. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number of Illnesses C. No C. N	19A. During the past 3 years, have you had any chest illnesses that ha	ave kept you off work, indoors at ho	ome, or i	n bed?	1. ☐ Yes	2. 🗆	No
	B. Did you produce phlegm with any of these chest illnesses?		1. □ Y	es	2. □ No	3. □	Does Not Apply
1. Vision	C. In the last 3 years, how many such illnesses with (increased) phlegm did you have which lasted a week or more?		re?	Number of illnesses			
	20. Did you have any lung trouble before the age of 16?		1. 🗆 Y	es			
1.							
	,		1 🗆 Y	es	2 □ No		
B. Wes it confirmed by a doctor?			🗀 1	00	2. 🗆 140		
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			-			DOGS NOLF	трріу
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Does Not Apply Does	B. Do you still have it?		1. □ Y	es	2. □ No	3 . □	Does Not Apply
24A Have you ever had asthma?	C. Was it confirmed by a doctor?		1. □ Y	es	2. □ No	3. □	Does Not Apply
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H. Please specify cause of death?			-	_ Don't	Know	_	Don't Know
	Н	. Please specify cause of death?					

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Appendix D to §1915.1001 Medical Questionnaires - Mandatory (continued)

COUGH 31A. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) 2. □ No (If no, skip to question 31 C.) B. Do you usually cough as much as 4 to 6 times a day 4 or more days out of the week? 1. □ Yes 2. □ No 2. □ No C. Do you usually cough at all on getting up or first thing in the morning? 1 ☐ Yes 1. ☐ Yes D. Do you usually cough at all during the rest of the day or at night? 2. □ No IF YES TO ANY OF ABOVE (31A, B, C, OR D), ANSWER THE FOLLOWING. IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO 33A E. Do you usually cough like this on most days for 3 consecutive months or more during the year? 2. □ No 3. ☐ Does not apply F. For how many years have you had the cough? Number of years _ _ Does not apply _ 32A. Do you usually bring up phlegm from your chest? 1. □ Yes 2. □ No Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.) (If no, skip to 32C) B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week? 1. □ Yes 2. □ No C. Do you usually bring up phlegm at all on getting up or first thing in the morning? 1. □ Yes 2. □ No D. Do you usually bring up phlegm at all on during the rest of the day or at night? 1. □ Yes 2. □ No IF YES TO ANY OF THE ABOVE (32A, B, C, OR D), ANSWER THE FOLLOWING: IF NO TO ALL, CHECK "DOES NOT APPLY" AND SKIP TO 33A E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? 2. □ No 3. □ Does not apply □ Yes F. For how many years have you had trouble with phlegm? Number of years ____ ____ Does not apply _ **EPISODES OF COUGH AND PHLEGM** 33A. Have you had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year? 1 □ Yes 2 □ No *(For persons who usually have cough and/or phlegm) IF YES TO 33A B. For how long have you had at least 1 such episode per year? Number of years _____ Does not apply _ **WHEEZING** 34A. Does your chest ever sound wheezy or whistling 1. When you have a cold? 1. □ Yes 2. □ No 2. □ No 2. Occasionally apart from colds? 1 □ Yes 2. □ No 3. Most days or nights? □ Yes B. For how many years has this been present? Number of years _ Does not apply _ 35A. Have you ever had an attack of wheezing that has made you feel short of breath? □ Yes 2. □ No IF YES TO 35A B. How old were you when you had your first such attack? Age in years ___ Does not apply _ 2 □ No C. Have you had 2 or more such episodes? 1 □ Yes 3. □ Does not apply D. Have you ever required medicine or treatment for the(se) attack(s)? □ Yes 2. □ No 3. □ Does not apply **BREATHLESSNESS** Nature of condition(s) 36. If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 38A. 37A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? 1. ☐ Yes 2. □ No IF YES TO 37A B. Do you have to walk slower than people of your age on the level because of breathlessness? 1. □ Yes 2. □ No 3. □ Does not apply C. Do you ever have to stop for breath when walking at your own pace on the level? 1. ☐ Yes 2. □ No 3. ☐ Does not apply 1. ☐ Yes 2. □ No D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? 3. ☐ Does not apply 1. □ Yes E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs? 2. □ No 3. ☐ Does not apply **TOBACCO SMOKING** 38A. Have you ever smoked cigarettes? 1. □ Yes 2. □ No (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) IF YES TO 38A 3. ☐ Does not apply B. Do you now smoke cigarettes (as of one month ago) 1. ☐ Yes 2. □ No C. How old were you when you first started regular cigarette smoking? Age in years ___ ☐ Does not apply D. If you have stopped smoking cigarettes completely, how old were you when you stopped? Age stopped ___ □ Check if still smoking □ Does not apply E. How many cigarettes do you smoke per day now? Cigarettes per day ____ ☐ Does not apply F. On the average of the entire time you smoked, how many cigarettes did you smoke per day? Cigarettes per day ____ ☐ Does not apply G. Do or did you inhale the cigarette smoke? □ Not at all □ Slightly □ Moderately □ Deeply □ Does not apply 39A. Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime.) 1. □ Yes 2. □ No IF YES TO 39A: FOR PERSONS WHO HAVE EVER SMOKED A PIPE B. 1. How old were you when you started to smoke a pipe regularly? Age in years _ 2. If you have stopped smoking a pipe completely, how old were you when you stopped? Age in years ____ 🗆 Check if still smoking pipe 🗅 Does not apply C. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? _ oz. per week □ Does not apply (a standard pouch of tobacco contains 1 1/2 oz.) D. How much pipe tobacco are you smoking now? oz. per week ☐ Not currently smoking a pipe E. Do you or did you inhale the pipe smoke? □ Never smoked □ Not at all ☐ Slightly ☐ Moderately □ Deeply

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Appendix D to §1915.1001 **Medical Questionnaires - Mandatory (continued)** 1. ☐ Yes 2. ☐ No 40A. Have you ever smoked cigars regularly? (Yes means more than 1 cigar a week for a year) IF YES TO 40A FOR PERSONS WHO HAVE EVER SMOKED A CIGAR B. 1. How old were you when you started smoking cigars regularly? 2. If you have stopped smoking cigars completely, how old were you when you stopped smoking cigars? Age stopped ____ \square Check if still \square Does not apply C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week? Cigars per week ____ ☐ Does not apply Cigars per week ____ ☐ Check if not smoking cigars currently D. How many cigars are you smoking per week now? E. Do or did you inhale the cigar smoke? 1. □ Never smoked 2. □ Not at all 3. □ Slightly 4. □ Moderately 5. □ Deeply

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