## 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:
	Address:
	(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 a. Yes		c. Does not apply
	C. Was the dust exposure: a. Mild	b. Moderate	c. Severe
	D. In the past year, were you a. Yes		chemical fumes in your work:
	E. Was exposure: a. Mild	b. Moderate	c. Severe
	F. In the past year, what was 1. Job/occupation:		
	2. Position.job title:		
13. R 13.	A. Do you consider yourself	f to be in good healt	h:
	a. Yes If no, state reason		
		ı developed:	
	If no, state reason		
14. C	If no, state reason  B. In the past year, have you  a. Epilepsy: b. Rheumatic fever: c. Kidney disease: d. Bladder disease: e. Diabetes: f. Jaundice:	u developed: Yes ———————————————————————————————————	

15.	A. During the past year work, indoors at ho			hest illnesse	s that have kept you	off
	a. Yes	b.	No	c. D	oes not apply _	
	B. Did you produce pl				chest illnesses: loes not apply	
	C. In the past year, ho have which lasted a Number of illn	a week or 1		·	ased) phlegm did yo	u 
16. R	ESPIRATORY SYSTE	M				
	In the past year have y	ou had: Yes or No	,		mment on Positive	
	Asthma			71	115 W <b>6</b> 15	
	Bronchitis					
	Hay Fever					
	Other Allergies					
	Pneumonia					
	Tuberculosis					
	Chest Surgery					
	Other Lung Problems					
	Heart Disease					
	Do you have:	Yes or No	,		mment on Positive	
	Frequent Colds			Λ	iisweis	
	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

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