

Asbestos Worker *Periodic* Medical Questionnaire

| | | | |
|---------------------------------------|-------------------------------|--|-----------------------------------|
| 1. Name (last, first, middle initial) | 2. SSAN | 3. Badge or Company ID Number | 4. Present Occupation / Job Title |
| 5. Current Employer | 6. Address | 7. Zip Code | 8. Telephone Number |
| 9. Interviewer (if applicable) | 10. Date (month / day / year) | 11. Marital Status single married widowed divorced / separated | |

| | YES | NO | N/A |
|--|-----|----|-----|
| 12. Occupational History | | | |
| a. In the past year did you work full time (30 hours per week or more) for six months or more | | | |
| b. Did you work at any dusty jobs during the past year? <i>If yes, complete c.</i> | | | |
| c. Was exposure (X one) ___ mild ___ moderate ___ severe | | | |
| d. In the past year, were you exposed to gas or chemical fumes in your work? <i>If yes, complete e.</i> | | | |
| e. Was exposure (X one) ___ mild ___ moderate ___ severe | | | |
| f. In the past year | | | |
| (1) Job occupation | | | |
| (2) Position / job title | | | |
| 13. Medical history | | | |
| a. Do you consider yourself to be in good health? <i>If no, state reason:</i> | | | |
| b. In the past year have you developed | | | |
| (1) epilepsy (fits, seizures, or convulsions) | | | |
| (2) rheumatic fever | | | |
| (3) kidney disease | | | |
| (4) bladder disease | | | |
| (5) diabetes | | | |
| (6) jaundice | | | |
| (7) cancer | | | |
| 14. If you get a cold, does it usually go to your chest? <i>(Usually means more than 1/2 of the time) * Don't get colds.</i> | | | * |
| 15. Chest illnesses | | | |
| a. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? | | | |
| b. If yes, did you produce phlegm with any of these illnesses? | | | |
| b. In the last year, how many such illnesses with increased phlegm did you have which lasted a week or more? <i>(List number)</i> | | | |

| 16. Respiratory system | | YES* | NO | b. Do you have | | YES* | NO |
|--|--|------|----|---|--|------------------|----|
| a. In the past year, have you had: | | | | | | | |
| (1) asthma | | | | (1) frequent colds | | | |
| (2) bronchitis | | | | (2) chronic cough | | | |
| (3) hay fever | | | | (3) shortness of breath when walking or climbing one flight of stairs | | | |
| (4) other allergies | | | | | | | |
| (5) pneumonia | | | | | | | |
| (6) tuberculosis | | | | | | | |
| (7) chest surgery | | | | c. Do you | | | |
| (8) other lung problems | | | | (1) wheeze | | | |
| (9) heart disease | | | | (2) cough up phlegm | | | |
| | | | | (3) smoke cigarettes | | | |
| | | | | Packs per day: | | Number of years: | |
| * Further comments on positive answers: | | | | | | | |
| 17. Signature | | | | | | 18. Date | |

(02.07.2006)