Cadmium Surveillance: MEDICAL QUESTIONNAIRE

CONFIDENTIAL

WASHINGTON HEALTH SYSTEM
Occupational Medicine

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Name_____ Birth Date_____ Social Security _____
Company_____ Job_____

EMPLOYEE: Please read the following and sign prior to the interview and physical.

Please answer the questions you will be asked as completely and carefully as you can. These questions are asked of everyone who works with cadmium. You will also be asked to give blood and urine samples. The medical practitioner will give your employer a written opinion on whether you are physically capable of working with cadmium. Legally, the medical practitioner cannot share personal information you may tell him/her with your employer. The following information is considered strictly confidential. The results of the tests will go to you, your medical practitioner and your employer. You will also receive an information sheet explaining the results of any biological monitoring or physical examinations performed.

If you are just being hired, the results of this interview and examination will be used to:
(1) Establish your health status and see if working with cadmium might be expected to cause unusual problems,
(2) Determine your health status today and see if there are changes over time,
(3) See if you can wear a respirator safely.

If you are not a new hire:
OSHA says that everyone who works with cadmium can have periodic medical examinations performed by a medical practitioner. The reasons for this are:
(a) If there are changes in your health, either because of cadmium or some other reason, to find them early,
(b) to prevent kidney damage.

Please sign below.
I have read these directions and understand them:

_____ _____
Employee signature Date

Type of Preplacement Exam: ☐ Periodic ☐ Termination ☐ Initial ☐ Other

Blood Pressure_____ Pulse Rate_____

JOB SPECIFIC

How long have you worked at the job listed above?
- ☐ Not yet hired
- ☐ Number of months: _____
- ☐ Number of years: _____

JOB DUTIES, ETC.
_____
_____
_____

PULMONARY AND RESPIRATORY TRACT

YES	NO	
☐	☐	1. Have you ever been told by a medical practitioner that you had **bronchitis**?
		1a. If yes, how long ago? _____ Number of months _____ Number of years
☐	☐	2. Have you ever been told by a medical practitioner that you had **emphysema**?
		2a. If yes, how long ago? _____ Number of months _____ Number of years
☐	☐	3. Have you ever been told by a medical practitioner that you had **other lung problems**?
		3a. If yes, please describe the type of lung problems and when you had these problems. _____ _____

PULMONARY AND RESPIRATORY TRACT (continued)		
YES	**NO**	
□	□	4. In the past year, have you had a cough?
□	□	4a. If yes, did you cough up sputum?
		4b. If yes, how long did the cough with sputum production last? □ < 3 months □ ≥ 3 months
		4c. How many years have you had episodes of cough with sputum production lasting this long? □ < 1 □ 1 □ 2 □ > 2

SMOKING HISTORY		
YES	**NO**	
□	□	5. Have you ever smoked cigarettes?
□	□	6. Do you now smoke cigarettes?
		7. If you smoke or have smoked cigarettes, for how many years have you smoked, or did you smoke? □ < 1 year ____ Number of years
		8. What is or was the greatest number of packs per day that you have smoked? ____ Number of packs
		9. If you quit smoking cigarettes, how many years ago did you quit? □ < 1 year ____ Number of years
		10. How many packs a day do you now smoke? ____ Number of packs per day

RENAL SYSTEM		
YES	**NO**	
□	□	11. Have you ever been told by a medical practitioner that you had a kidney or urinary tract disease or disorder?
□	□	12. Have you ever had any of these disorders?
□	□	i. Kidney stones
□	□	ii. Protein in urine
□	□	iii. Blood in urine
□	□	iv. Difficulty urinating
□	□	v. Other kidney/Urinary disorders
		13. Please describe problems, age, treatment, and follow up for any kidney or urinary problems you have had: _____ _____ _____

BLOOD PRESSURE		
YES	**NO**	
□	□	14. Have you ever been told by a medical practitioner or other health care provider who took your blood pressure that your blood pressure was high?
□	□	15. Have you ever been advised to take any blood pressure medication?
□	□	16. Are you presently taking any blood pressure medication?

MEDICATIONS		
YES	**NO**	
□	□	17. Are you presently taking any other medication?

MEDICATIONS (continued)

18. Please list any blood pressure or other medications and describe how long you have been taking each one:

Medication	How long taken

DIABETES

YES	NO	
☐	☐	19. Have you ever been told by a medical practitioner that you have diabetes, sugar in your blood or urine?
☐	☐	19a. If yes, do you presently see a medical practitioner about your diabetes?
		19b. If yes, how do you control your blood sugar (check all that apply)? ☐ Diet ☐ Oral medicine ☐ Insulin ☐ Other injectable

HEMATOPOIETIC (blood related)

YES	NO	
		20. Have you ever been told by a medical practitioner that you had:
☐	☐	Anemia?
☐	☐	A low blood count?
☐	☐	21. Do you presently feel that you tire or run out of energy sooner than normal or sooner than other people your age?
		22a. If yes, for how long have you felt that you tire easily? ☐ < 1 year ____ Number of years
☐	☐	22. Have you given blood within the last year?
		22a. If yes, how many times? ____ Number of times
		22b. How long ago was the last time you gave blood? ☐ < 1 month ____ Number of months
☐	☐	23. Within the last year have you had any injuries with heavy bleeding?
		23a. If yes, how long ago? ☐ < 1 month ____ Number of months Describe:_____
☐	☐	24. Have you recently had any surgery?
		25a. If yes, please describe: _____
☐	☐	25. Have you seen any blood lately in your stool or after a bowel movement?
☐	☐	26. Have you ever had a test for blood in your stool?
☐	☐	26a. If yes, did the test show any blood in the stool?
		26b. What further evaluation and treatment were done? _____

FITNESS TO WEAR A RESPIRATOR		
YES	**NO**	
□	□	27. Have you ever been told by a medical practitioner that you have asthma?
		27a. If yes, are you presently taking any medication for asthma? Mark all that apply. □ Shots □ Pills □ Inhaler
□	□	28. Have you ever had a heart attack?
		28a. If yes, how long ago? _____ Number of years _____ Number of months
□	□	29. Have you ever had pains in your chest?
		29a. If yes, when did it usually happen? □ While resting □ While working □ While exercising □ Activity didn't matter
□	□	30. Have you ever had a thyroid problem?
□	□	31. Have you ever had a seizure or fits?
□	□	32. Have you ever had a stroke (cerebrovascular accident)?
□	□	33. Have you ever had a ruptured eardrum or a serious hearing problem?
□	□	34. Do you now have a claustrophobia, meaning fear of crowded or closed in spaces or any psychological problems that would make it hard for you to wear a respirator?

REPRODUCTIVE HISTORY		
YES	**NO**	
□	□	35. Have you or your partner had a problem conceiving a child?
		35a. If yes, specify □ Self □ Present partner □ Previous partner
□	□	36. Have you or your partner consulted a physician for a fertility or other reproductive problem?
		36a. If yes, who consulted the physician: □ Self □ Spouse/partner □ Self and partner
		36b. If yes, specify diagnosis made: _____
□	□	37. Have you or your partner ever conceived a child resulting in a miscarriage, still birth or deformed offspring?
		37a. If yes, specify: □ Miscarriage □ Still birth □ Deformed offspring
		37b. If outcome was a deformed offspring, please specify type: _____
		38. Was this outcome a result of a pregnancy of: □ Yours with present partner □ Yours with a previous partner
□	□	39. Did the timing of any abnormal pregnancy outcome coincide with present employment?
		39a. List date(s) of occurrence(s): _____
		40. What is the occupation of your spouse or partner? _____

For Women Only		
YES	NO	
☐	☐	41. Do you have menstrual periods?
☐	☐	42. Have you had menstrual irregularities?
		42a. If yes, specify type: _____
		42b. If yes, what was the approximated date this problem began? _____
		42c. Approximate date problem stopped? _____
For Men Only		
☐	☐	43. Have you ever been diagnosed by a physician as having prostate gland problem(s)?
		43a. If yes, please describe type of problem(s) and what was done to evaluate and treat the problem(s): _____ _____

CARDIOVASCULAR		
YES	NO	
☐	☐	44. Do you have any heart or blood vessel diseases, or have you had any heart or vascular surgeries (i.e., heart attack, stroke, angina, bypass surgery, stents, vascular disease, etc.)?
		44a. If Yes, please explain: _____ _____

MUSCULOSKELETAL		
YES	NO	
☐	☐	45. Do you currently have or have had any muscle, joint, and/or bone problems, disease, limitations, and/or surgeries?
		45a. If Yes, please explain: _____ _____

CADMIUM EXPOSURE HISTORY		
YES	NO	
☐	☐	46. Any past exposure to cadmium?
		46a. If Yes, please explain: _____ _____
☐	☐	47. Any current or anticipated future exposure to cadmium?
		47a. If Yes, please explain: _____ _____

I certify that the information I have provided on the above medical history pages is complete, true, and accurate to the best of my knowledge. I understand that falsification or omission of any of the preceding information would misinform the medical practitioner of my medical history and potentially result in harm to myself, for which I would not hold the medical practitioner responsible. Additionally, I understand the care and information I received today is not a substitute for the care and information that I receive from my primary care physician. I agree that the Health Examination requested by my company is made with my consent and that the examination, test(s), and/or result(s) may be released to the above-named company and/or its representatives.

_____ _____ _____

Patient Signature Printed Date/Time

Technician / Staff explanation of any positive answer(s):

_____

_____

_____

_____ _____ _____

Reviewer's Signature Printed Date/Time