UNIVERSITY OF WYOMING

ASBESTOS PROGRAM – PART 1 INITIAL MEDICAL QUESTIONNAIRE

This mandatory form contains the medical questionnaire that must be administered to personnel who are exposed to asbestos above the permissible exposure limit, and who will therefore be included in the UW medical surveillance program for asbestos. Part 1 is the Initial Medical Questionnaire, which must be obtained from all new hires who will be covered by the medical surveillance requirements (29 CFR 1926.1101).

ASBESTOS EXPOSURE
PART 1 – INITIAL MEDICAL QUESTIONNAIRE

IDENTIFICATION

1. NAME (Last, First, Middle Initial)**:**	**2. SOCIAL SECURITY NO:**	**3. CLOCK NO:**	**4. PRESENT OCCUPATION:**
5. LOCATION:	**6. STREET ADDRESS:**		**7. CITY, STATE, AND ZIP CODE:**

8. PHONE NO:	**9. INTERVIEWER:**	**10. DATE** (MM/DD/YYYY)**:**	**11. BIRTH DATE** (MM/DD/YYYY)**:**	**12. PLACE OF BIRTH:**

13. SEX:	**14. MARITAL STATUS:**	**15. RACE:**	**16. HIGHEST GRADE COMPLETED IN SCHOOL:**
☐ Male ☐ Female	☐ Single ☐ Married ☐ Widowed ☐ Divorced/Separated	☐ White ☐ Asian ☐ Indian ☐ Black ☐ Hispanic ☐ Other	

OCCUPATIONAL HISTORY

		YES	NO	N/A
17A.	Have you ever worked full-time (30 hours per week or more) for six (6) months or more? If "Yes" to 17A:	☐	☐	
B.	Have you ever worked for a year or more in any dusty job? Specify job/industry: _____ Total years worked: _____ Was dust exposure: 1. ☐ Mild 2. ☐ Moderate 3. ☐ Severe	☐	☐	☐
C.	Have you ever been exposed to gas or chemical fumes in your work? Specify job/industry: _____ Total years worked: _____ Was dust exposure: 1. ☐ Mild 2. ☐ Moderate 3. ☐ Severe	☐	☐	
D.	What has been your usual occupation or job – the one you have worked the longest 1. Job occupation: _____ 2. Number of years employed in this occupation: _____ 3. Position/Job title: _____ 4. Business, field, or industry: _____			

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		YES	NO	N/A
	Have you ever worked (Record on lines the years in which you have worked in any of these industries (for example, 1960-1969):			
E.	In a mine? _____	☐	☐	
F.	In a quarry? _____	☐	☐	
G.	In a foundry? _____	☐	☐	
H.	In a pottery? _____	☐	☐	
I.	In a cotton, flax, or hemp mill? _____	☐	☐	
J.	With asbestos? _____	☐	☐	
18.	PAST MEDICAL HISTORY	**YES**	**NO**	**N/A**
A.	Do you consider yourself in good health? If "No", state reason:	☐	☐	
B.	Have you any defect of vision? If "Yes", state nature of defect:	☐	☐	
C.	Have you any hearing defect? If "Yes", state nature of defect:	☐	☐	
D.	Are you suffering from or have you ever suffered from: a. Epilepsy (or fits, seizures, convulsions)? b. Rheumatic fever? c. Kidney disease? d. Bladder disease? e. Diabetes? f. Jaundice?	☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐	
19.	CHEST COLDS AND CHEST ILLNESSES	**Yes**	**No**	**N/A**
19A.	If you get a cold, does it "usually" go to your chest ("usually" means more than ½ the time)? ☐ Don't get colds	☐	☐	
20A.	During the past three (3) years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? If "Yes" to 20A:	☐	☐	
B.	Did you produce phlegm with any of these chest illnesses?	☐	☐	☐
C.	In the last three (3) years, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number of illnesses: ☐ No such illnesses			
21.	Did you have any lung trouble before the age of 16?	☐	☐	

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		Yes	No	N/A
22.	Have you ever had any of the following?			
	1A. Attacks of bronchitis?	☐	☐	
	If "Yes" to 1A:			
	B. Was it confirmed by a doctor?	☐	☐	☐
	C. At what age was your first attack? Age in years: _____ ☐ Does not apply			
	2A. Pneumonia (include bronchopneumonia)?	☐	☐	
	If "Yes" to 2A:			
	B. Was it confirmed by a doctor?	☐	☐	☐
	C. At what age did you first have it? Age in years: _____ ☐ Does not apply			
	3A. Hay fever?	☐	☐	
	If "Yes" to 3A:			
	B. Was it confirmed by a doctor?	☐	☐	☐
	C. At what age did it start? Age in years: _____ ☐ Does not apply			
23A.	Have you ever had chronic bronchitis?	☐	☐	
	If "Yes" to 23A:			
	B. Do you still have it?	☐	☐	☐
	C. Was it confirmed by a doctor?	☐	☐	☐
	D. At what age did it start? Age in years: _____ ☐ Does not apply			
24A.	Have you ever had emphysema?	☐	☐	
	If "Yes" to 24A:			
	B. Do you still have it?	☐	☐	☐
	C. Was it confirmed by a doctor?	☐	☐	☐
	D. At what age did it start? Age in years: _____ ☐ Does not apply			
25A.	Have you ever had asthma?	☐	☐	
	If "Yes" to 25A:			
	B. Do you still have it?	☐	☐	☐
	C. Was it confirmed by a doctor?	☐	☐	☐
	D. At what age did it start? Age in years: _____ ☐ Does not apply			
	E. If you no longer have it, at what age did it stop? Age stopped: _____ ☐ Does not apply			
26.	Have you ever had:			
	A. Any other chest illness?	☐	☐	
	If "Yes", please specify: _____			
	B. Any chest operations?	☐	☐	
	If "Yes", please specify: _____			
	C. Any chest injuries?	☐	☐	
	If "Yes", please specify: _____			
27A.	Has a doctor ever told you that you had heart trouble?	☐	☐	
	If "Yes" to 27A:			
	B. Have you ever had treatment for heart trouble in the past 10 years?	☐	☐	☐
28A.	Has a doctor ever told you that you had high blood pressure?	☐	☐	
	If "Yes" to 28A:			
	B. Have you had any treatment for high blood pressure (hypertension) in the past 10 years?	☐	☐	☐
29.	When did you last have your chest x-rayed (Year)? __ __ __ __			
30.	Where did you last have your chest x-rayed (if known)? _____			
	What was the outcome? _____			

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FAMILY HISTORY

31. Were either of your natural parents ever told by a doctor that they had a chronic lung condition such as:

		Father			Mother		
A.	Chronic Bronchitis?	☐ Yes	☐ No	☐ Don't Know	☐ Yes	☐ No	☐ Don't Know
B.	Emphysema?	☐ Yes	☐ No	☐ Don't Know	☐ Yes	☐ No	☐ Don't Know
C.	Asthma?	☐ Yes	☐ No	☐ Don't Know	☐ Yes	☐ No	☐ Don't Know
D.	Lung cancer?	☐ Yes	☐ No	☐ Don't Know	☐ Yes	☐ No	☐ Don't Know
E.	Other Chest Condition	☐ Yes	☐ No	☐ Don't Know	☐ Yes	☐ No	☐ Don't Know
F.	Is parent currently alive?	☐ Yes	☐ No	☐ Don't Know	☐ Yes	☐ No	☐ Don't Know
G.	Please specify:	____ Age if Living ____ Age at Death ____ Don't Know			____ Age if Living ____ Age at Death ____ Don't Know		
H.	Please specify cause of death: _____				_____		

COUGH

		YES	NO	N/A
32A.	Do you usually have a cough (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat)? If "NO", skip to question 32C.	☐	☐	
B.	Do you usually cough as much as four (4) to six (6) times a day four (4) or more days out of the week?	☐	☐	
C.	Do you usually cough at all on getting up first thing in the morning?	☐	☐	
D.	Do you usually cough at all during the rest of the day or night?	☐	☐	
	IF "YES" TO ANY OF ABOVE (32A, B, C, OR D), ANSWER THE FOLLWING. IF "NO" TO ALL, CHECK "N/A" (DOES NOT APPLY) AND SKIP TO 33A.			☐
E.	Do you usually cough like this on most days for three (3) consecutive months or more during the year?	☐	☐	☐
F.	For how many years have you had the cough? ____ Number of years ☐ Does not apply			
33A.	Do you usually bring up phlegm from your chest (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 33C.	☐	☐	
B.	Do you usually bring up phlegm like this as much as twice a day four (4) or more days out of the week?	☐	☐	
C.	Do you usually bring up phlegm at all on getting up or first thing in the morning?	☐	☐	
D.	Do you usually bring up phlegm at all during the rest of the day or at night?	☐	☐	
	IF "YES" TO ANY OF THE ABOVE (33A, B, C, OR D), ANSWER THE FOLLOWING. IF "NO" TO ALL, CHECK "N/A" (DOES NOT APPLY) AND SKIP TO 34A.			☐
E.	Do you bring up phlegm like this on most days for three (3) consecutive months or more during the year?	☐	☐	☐
F.	For how many years have you had trouble with phlegm? ____ Number of years ☐ Does not apply			

EPISODES OF COUGH AND PHLEGM

34A.	Have you had periods or episodes of (increased*) cough and phlegm lasting for three (3) weeks or more each year? *(For persons who usually have cough and/or phlegm). If "YES" to 34A,	☐	☐	
B.	For how long have you had at least one (1) such episode? ____ Number of years ☐ Does not apply.			

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		YES	NO	N/A
	WHEEZING			
35A.	Does your chest ever sound wheezy or whistling?			
	1. When you have a cold?	☐	☐	
	2. Occasionally apart from colds?	☐	☐	
	3. Most days or nights?	☐	☐	
	If "YES" to 1, 2, or 3 in 35A:			
	B. For how many years has this been present? ____ Number of years ☐ Does not apply			
36A.	Have you ever had an attack of wheezing that has made you feel short of breath?	☐	☐	
	If "YES" to 36A:			
	B. How old were you when you had your first such attack? Age in years: ____ ☐ Does not apply			
	C. Have you had two (2) or more such episodes?	☐	☐	☐
	D. Have you ever required medicine or treatment for the(se) attack(s)?	☐	☐	☐
	BREATHLESSNESS			
37.	If disabled from walking by any condition other than heart or lung disease, please describe and proceed to question 39A. Nature of condition(s): _____			
38A.	Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?	☐	☐	
	If "YES" to 38A:			
	B. Do you have to walk slower than people of your age on the level because of breathlessness?	☐	☐	☐
	C. Do you ever have to stop for breath when walking at your own pace on the level?	☐	☐	☐
	D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?	☐	☐	☐
	E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?	☐	☐	☐
	TOBACCO SMOKING			
39A.	Have you ever smoked cigarettes (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than one (1) cigarette a day for one (1) year)?	☐	☐	
	If "YES" to 39A:			
	B. Do you now smoke cigarettes (as of one (1) month ago)?	☐	☐	☐
	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?			
	1. ☐ Does not apply.			
	2. ☐ Not at all.			
	3. ☐ Slightly.			
	4. ☐ Moderately.			
	5. ☐ Deeply.			

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		YES	NO	N/A
40A.	Have you ever smoked a pipe regularly ("YES" means more than 12 oz. of tobacco in a lifetime)?	☐	☐	
	If "YES" to 40A: FOR PERSONS WHO HAVE EVER SMOKED A PIPE			
	B. 1. How old were you when you started to smoke a pipe regularly? ____ Age 2. If you have stopped smoking a pipe completely, how old were you when you stopped? Age stopped: _____ ☐ 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 (a standard pouch of tobacco contains 1 ½ oz.) ☐ Does not apply			
	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? 1. ☐ Never smoked. 2. ☐ Not at all. 3. ☐ Slightly. 4. ☐ Moderately. 5. ☐ Deeply.			
41A.	Have you ever smoked cigars regularly ("Yes" means more than one (1) cigar a week for a year)?	☐	☐	
	If "YES" to 41A: FOR PERSONS WHO HAVE EVER SMOKED CIGARS			
	B. 1. How old were you when you started smoking cigars regularly? ____ Age 2. If you have stopped smoking cigars completely, how old were you when you stopped? Age stopped: _____ ☐ Check if still smoking pipe. ☐ 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			
	D. How many cigars are you smoking per week now? ☐ Cigars per week. ☐ Check if not currently smoking cigars.			
	E. Do you or did you inhale the cigar smoke? 1. ☐ Never smoked. 2. ☐ Not at all. 3. ☐ Slightly. 4. ☐ Moderately. 5. ☐ Deeply.			

Signature: _____ **Date:** _____

Print Name: _____

Note: This form contains confidential medical information! Submit this completed form to the physician or other licensed health care professional at your scheduled appointment. Do not send this completed form to the UW Safety Office or your Supervisor.

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