

CHROMIUM VI HISTORY QUESTIONNAIRE

Name:

Date of Birth:

MEDICAL HISTORY

Indicate if you have every had any of the following medical conditions:

- Anemia / Bleeding Disorders / Blood Disease
- Skin Rash or Chronic Sores
- Chronic cough / Sheezing / Unusual shortness of breath
- Chronic nose bleeds
- Skin cancer
- Nasal ulcerations or perforations
- Chronic sinus problems

SOCIAL HISTORY

Have you ever smoked tobacco regularly:

No Yes

- Cigarettes _____ Packs per day
- Pipe _____ Pipes per day
- Cigars _____ Cigars per day

Do you smoke now?

No Yes

Do you or have you participated in the following hobbies?

- Woodworking/Metalwork
- Chrome plating
- Welding/soldering

OCCUPATIONAL HISTORY

Have you ever been exposed to hexavalent chromium?

No Yes

Have you ever worn respirator for protection against hexavalent chromium?

No Yes

Have you worn personal protection equipment on current or previous jobs for chemical exposure?

No Yes

If yes, explain.

Have you ever had a chest x-ray?

No Yes

If yes, when was last x-ray? _____

Check any previous occupations you have had.

- | | |
|---|---|
| <input type="checkbox"/> Industrial Chromium Production | <input type="checkbox"/> Mechanical/Machinest |
| <input type="checkbox"/> Electro/Plating Industry | <input type="checkbox"/> Lumber/Paper Work |
| <input type="checkbox"/> Metal Industry | <input type="checkbox"/> Shipyard Worker |
| <input type="checkbox"/> Graphic Trade | <input type="checkbox"/> Sandblaster |
| <input type="checkbox"/> Textile/Fur Industry | <input type="checkbox"/> Degreaser |
| <input type="checkbox"/> Insulator | <input type="checkbox"/> Printer |
| <input type="checkbox"/> Foundry Work | <input type="checkbox"/> Miner |
| <input type="checkbox"/> Furniture Industry | |

Chromium VI History Questionnaire Continued

Check any previous exposures.

- Beryllium
- Welding Fumes
- Rubber/Plastics
- Noise
- Mercury
- Asbestos
- Sulfur Dioxide
- Radiation
- Gases/Fumes

- Lead
- Benzene
- Other Dust
- Silica
- Chlorine Bases
- Arsenic
- Talc
- Other Irritant

- Fluoride
- Caustics (acids and basis)
- Pesticides or Related Chemicals
- Other Metals
- Repeated Physical Trauma
- Other Oils/Machining Fluid
- Other Solvents
- Other Man-Made Fibers (Wool)

Date: _____

Employee Signature: _____