§5207. Cadmium, Appendix D

Occupational Health History Interview With Reference To Cadmium Exposure

Directions

(To be read by employee and signed prior to the interview)

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 doctor will give your employer a written opinion on whether you are physically capable of working with cadmium. Legally, the doctor 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 doctor 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 you 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 doctor. 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: _____ Date: ___/___/___

Employee signature

Thank you for answering these questions.

(Suggested Format)

Name: _____

Age: ___ Social Security Number: ___-___-___

Company: _____

Job: _____

Type of Preplacement Exam:

☐ Periodic ☐ Termination ☐ Initial ☐ Other

Blood Pressure _____

Pulse Rate _____

1. How long have you worked at the job listed above? ☐ Not Yet Hired ___ Number of Months ___ Number of Years

2. Job Duties etc.: _____

3. Have you ever been told by a doctor that you had bronchitis? ☐ Yes ☐ No
   If yes, how long ago? ___ Number of months ___ Number of years

4. Have you ever been told by a doctor that you had emphysema? ☐ Yes ☐ No
   If yes, how long ago? ___ Number of months ___ Number of years

5. Have you ever been told by a doctor that you had other lung problems? ☐ Yes ☐ No
   If yes, please describe type of lung problems and when you had these problems. _____

6. In the past year, have you had a cough? ☐ Yes ☐ No
   If yes, did you cough up sputum? ☐ Yes ☐ No
   If yes, how long did the cough with sputum production last? ☐ Less than 3 months ☐ 3 months or longer
   If yes, for how many years have you had episodes of cough with sputum production lasting this long? ☐ Less than one ☐ 1 ☐ 2 ☐ Longer than 2

7. Have you ever smoked cigarettes? ☐ Yes ☐ No

8. Do you now smoke cigarettes? ☐ Yes ☐ No

9. If you smoke or have smoked cigarettes, for how many years have you smoked, or did you smoke? ☐ Less than 1 year ___ Number of years
   What is or was the greatest number of packs per day that you have smoked? ___ Number of packs
   If you quit smoking cigarettes, how many years ago did you quit? ☐ Less than 1 year ___ Number of years
   How many packs a day do you now smoke? ___ Number of packs per day

10. Have you ever been told by a doctor that you had a kidney or urinary tract disease or disorder? ☐ Yes ☐ No

11. Have you ever had any of these disorders? Please describe problems, age, treatment, and follow up for any kidney or urinary problems you have had:
    - Kidney stones ☐ Yes ☐ No
    - Protein in urine ☐ Yes ☐ No
    - Blood in urine ☐ Yes ☐ No
    - Difficulty urinating ☐ Yes ☐ No
    - Other kidney/urinary disorders ☐ Yes ☐ No

12. Have you ever been told by a doctor or other health care provider who took your blood pressure that your blood pressure was high? ☐ Yes ☐ No

13. Have you ever been advised to take any blood pressure medication? ☐ Yes ☐ No

14. Are you presently taking any blood pressure medication? ☐ Yes ☐ No

15. Are you presently taking any other medication? ☐ Yes ☐ No

16. Please list any blood pressure or other medications and describe how long you have been taking each one:
    Medicine _____
    How Long Taken _____

17. Have you ever been told by a doctor that you have diabetes (sugar in your blood or urine)? ☐ Yes ☐ No
    If yes, do you presently see a doctor about your diabetes? ☐ Yes ☐ No
    If yes, how do you control your blood sugar? ☐ Diet Alone ☐ Diet plus oral medicine ☐ Diet plus insulin (injection)

18. Have you ever been told by a doctor that you had:
    - Anemia? ☐ Yes ☐ No
    - A low blood count? ☐ Yes ☐ No

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19. Do you presently feel that you tire or run out of energy sooner than normal or sooner than other people your age? ☐ Yes ☐ No
    If yes, for how long have you felt that you tire easily? ☐ Less than 1 year ___,___ Number of years
20. Have you given blood within the last year? ☐ Yes ☐ No
    If yes, how many times? ___,___,___ Number of times
    How long ago was the last time you gave blood? ☐ Less than 1 month ___,___ Number of months
21. Within the last year have you had any injuries with heavy bleeding? ☐ Yes ☐ No
    If yes, how long ago? ☐ Less than 1 month ___,___ Number of months
    Describe: _____

22. Have you recently had any surgery? ☐ Yes ☐ No
    If yes, please describe: _____

23. Have you seen any blood lately in your stool or after a bowel movement? ☐ Yes ☐ No
24. Have you ever had a test for blood in your stool? ☐ Yes ☐ No
    If yes, did the test show any blood in the stool? ☐ Yes ☐ No
    What further evaluation and treatment were done? _____

The following questions pertain to the ability to wear a respirator. Additional information for the physician can be found in The Respiratory Protective Devices Manual.

25. Have you ever been told by a doctor that you have asthma? ☐ Yes ☐ No
    If yes, are you presently taking any medication for asthma? Mark all that apply: ☐ Shots ☐ Pills ☐ Inhaler
26. Have you ever had a heart attack? ☐ Yes ☐ No
    If yes, how long ago? ___,___ Number of years ___,___ Number of months
27. Have you ever had pains in your chest? ☐ Yes ☐ No
    If yes, when did it usually happen? ☐ While resting ☐ While working ☐ While exercising ☐ Activity didn't matter
28. Have you ever had a thyroid problem? ☐ Yes ☐ No
29. Have you ever had a seizure or fits? ☐ Yes ☐ No
30. Have you ever had a stroke (cerebrovascular accident)? ☐ Yes ☐ No
31. Have you ever had a ruptured eardrum or a serious hearing problem? ☐ Yes ☐ No
32. Do you now have claustrophobia, meaning a fear of crowded or closed-in spaces or any psychological problems that would make it hard for you to wear a respirator? ☐ Yes ☐ No

The following questions pertain to reproductive history.

33. Have you or your partner had a problem conceiving a child? ☐ Yes ☐ No
    If yes, specify? ☐ Self ☐ Present mate ☐ Previous mate
34. Have you or your partner consulted a physician for a fertility or other reproductive problem? ☐ Yes ☐ No
    If yes, specify who consulted the physician: ☐ Self ☐ Spouse/partner ☐ Self and partner
    If yes, specify diagnosis made: _____

35. Have you or your partner ever conceived a child resulting in a miscarriage, still birth, or deformed offspring? ☐ Yes ☐ No
    If yes, specify: ☐ Miscarriage ☐ Still birth ☐ Deformed offspring
    If outcome was a deformed offspring, please specify type: _____

36. Was this outcome a result of a pregnancy of: ☐ Yours with present partner ☐ Yours with a previous partner
37. Did the timing of any abnormal pregnancy outcome coincide with present employment? ☐ Yes ☐ No
    List dates of occurrences: ___,___ / ___,___ / ___,___ ___,___ / ___,___ / ___,___ ___,___ / ___,___ / ___,___ ___,___ / ___,___ / ___,___
38. What is the occupation of your spouse or partner? _____

For Women Only

39. Do you have menstrual periods? ☐ Yes ☐ No
    Have you had menstrual irregularities? ☐ Yes ☐ No
    If yes, specify type: _____

    If yes, what was the approximated date this problem began? ___,___ / ___,___ / ___,___
    Approximate date this problem stopped? ___,___ / ___,___ / ___,___

For Men Only

40. Have you ever been diagnosed by a physician as having prostate gland problems? ☐ Yes ☐ No
    If yes, please describe type of problem(s) and what was done to evaluate and treat the problem(s)? _____