



**SARATOGA HOSPITAL
MEDICAL GROUP**

OCCUPATIONAL MEDICINE

2388 ROUTE 9 • MECHANICVILLE • NY • 12118

TEL: (518) 886-5412 • FAX: (518) 899-8069

DOB: _____
ADM/SVC Date: _____

Age: _____

Sex: _____
Arrival Time: _____
Loc: _____

MR#: _____

Cadmium Questionnaire, page 1 of 4

(To be read to the 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 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 a periodic medical examination(s) performed by a doctor. The reasons for this are:

1. If there are changes in your health, either because of cadmium or some other reason, to find them early.
2. To prevent kidney damage.

I have read these directions and understand them.

Employee Signature: _____ Date/Time: _____/_____/_____

Name: _____ Age: _____

Company: _____ Job Title: _____

Type of Preplacement Exam: Periodic Initial Termination 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.



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6. In the past year, have you had a cough? Yes No If yes, did you cough up sputum? Yes No
If yes, for how many years have you had episodes of cough with sputum production lasting this long?
 Less than one 1 year 2 years Longer than 2 years
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: _____
a) What is or was the greatest number of packs per day that you have smoked:
Number of packs: _____
b) If you quit smoking cigarettes, how many years ago di you quit?
 Less than 1 year Number of years: _____
c) 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?
Kidney Stones..... Yes No
Protein in urine..... Yes No
Blood in urine..... Yes No
Difficulty urinating..... Yes No
Other kidney/Urinary disorders..... Yes No

Please describe problems, age, treatment, and follow up for any kidney or urinary problems you have had: _____

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 other medication(s): Yes No
16. Please list any blood pressure or other medications and describe how long you have been taking each one:

Medication(s):	How Long Taken:



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Cadmium Questionnaire, page 3 of 4

17. Have you ever been told by a doctor that you have diabetes (sugar in your blood or urine)? Yes No
 If yes, how do you control your blood sugar? Diet Alone Diet plus oral medication 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
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: _____
 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 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 Respirator 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? Yes No If yes: Shots Pill 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 a claustrophobia, meaning fear of crowded or close in spaces or any psychological problems that would make it hard for you to wear a respirator? Yes No



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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 a child with malformations or birth defects? Yes No
 If yes, specify: Miscarriage Still birth Malformations or birth defect
 If outcome was a child with malformations or birth defects, please specify: _____
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? _____
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 problem stopped? _____

For men only:

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