Initial Periodic Hazmat Exam Questionnaire

1. Are you a member of a HAZ/MAT team? □ Yes □ No
2. Have you worn protective equipment (clothes, safety glasses, respirator, hearing protections)? □ Yes □ No
3. Have you participated in workplace medical monitoring (blood, urine, chest X-ray, respirator program)? □ Yes □ No

Have you ever experienced any of the following symptoms or conditions due to workplace exposure:

1. Severe allergic reaction, difficulty breathing or swallowing? □ Yes □ No
2. Heart pain, palpitations, heart muscle damage? □ Yes □ No
3. Cough, shortness of breath, wheezing, asthma, lung damage, abnormal breathing tests or chest X-ray? □ Yes □ No
4. Dizziness, fainting, blackouts, seizure, headaches, weight loss, jaundice? □ Yes □ No
5. Arm or leg weakness, numbness, pins/needles sensation? □ Yes □ No
6. Abnormal liver blood tests, liver damage, hepatitis, weight loss, jaundice? □ Yes □ No
7. Abdominal pain, stomach or intestinal problems, weight loss, blood in stool? □ Yes □ No
8. Abnormal kidney blood or urine tests, kidney damage? □ Yes □ No
9. Rash, skin cancer? □ Yes □ No
10. Abnormal blood counts, anemia, swollen glands? □ Yes □ No
11. Heat, cold, illness, burns, frostbite? □ Yes □ No
12. Difficulty with mood, memory, concentration? □ Yes □ No

Have or have had any of the following medical conditions:

1. Hay fever, allergic rhinitis? □ Yes □ No
2. Asthma, chronic bronchitis, COPD? □ Yes □ No
3. Heart disease, congestive heart failure, hypertension, atrial fibrillation? □ Yes □ No
4. Ulcers, Crohn’s disease, diverticulitis? □ Yes □ No
5. Hepatitis, cirrhosis, liver disease, gallbladder disease? □ Yes □ No
6. Stroke, seizures, depression, anxiety, dementia, Parkinson’s disease, Multiple Sclerosis? □ Yes □ No
7. Leukemia, lymphoma, cancer? □ Yes □ No
8. Another chronic/serious health condition? □ Yes □ No
9. Any disability, physical limitation? □ Yes □ No
10. Have you had any type of surgery? □ Yes □ No
11. In previous jobs, did you have any occupational exposure to respirable silica? □ Yes □ No
   If yes, what was your job? __________________________________________

12. What is your current level of occupational exposure to respirable silica? __________________________________________

13. What is your current job? __________________________________________

14. What is your anticipated level of future occupational exposure to respirable silica? __________________________________________

15. Describe any personal protective equipment currently used, or to be used, to protect against respirable silica exposure: __________________________________________
Initial / Periodic Hazmat Exam Questionnaire

Have or had any of the following musculoskeletal conditions:
1. Back injury, strain, herniated disc, recurring ache? □ Yes □ No
2. Neck problems, neck pain, whiplash? □ Yes □ No
3. Bursitis, tendonitis? □ Yes □ No
4. Foot or ankle problems? □ Yes □ No
5. Fractures? □ Yes □ No
6. Hand, wrist, elbow problem? □ Yes □ No
7. Knee or shoulder problems? □ Yes □ No

What year was your last diphtheria/tetanus booster? ________________________

Have you completed the Hepatitis B vaccine series? □ Yes □ No

List all medications you are currently taking: ____________________________________

Previous Employment:

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<thead>
<tr>
<th>Employer</th>
<th>Job Title</th>
<th>Dates Employed</th>
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Provider Notes: ____________________________________________________________

Exposure History: Please Describe any of the following exposures that may have occurred in the course of previous or current employment, or as a result of ongoing hobbies:

Asphalt roofing materials: ________________________________________________

Concrete Products: ______________________________________________________

Porcelain Enameling: ____________________________________________________

Dental Lab: _____________________________________________________________

Foundries: _____________________________________________________________

Jewelry Making: _________________________________________________________

Cut Stone: _____________________________________________________________

Pottery: _______________________________________________________________

Ready-mix Concrete: _________________________________________________

Railroads: _____________________________________________________________

Shipyards: _____________________________________________________________

Structural Clay Products: ______________________________________________

Support for Gas/Oil Operations: _________________________________________

Form 3086 (7/20) The Saratoga Hospital, Inc.