

Asbestos in Shipyards

§ 1915.1001

~~APPENDIX C TO § 1915.1001—QUALITATIVE AND QUANTITATIVE FIT TESTING PROCEDURES. MANDATORY~~

~~Employers must perform fit testing in accordance with the fit testing requirements of 29 CFR 1910.134(f) and the qualitative and quantitative fit-testing protocols and procedures specified in Appendix A of 29 CFR 1910.134.~~

~~APPENDIX D TO § 1915.1001—MEDICAL QUESTIONNAIRES. MANDATORY~~

~~This mandatory appendix contains the medical questionnaires that must be administered to all employees who are exposed to~~

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asbestos, tremolite, anthophyllite, actinolite, or a combination of these minerals above the permissible exposure limit (0.1 f/cc), and who will therefore be included in their employer's medical surveillance program. Part 1 of the appendix contains the Initial Medical Questionnaire, which must be obtained for all new hires who will be covered by the medical surveillance requirements. Part 2 includes the abbreviated Periodical Medical Questionnaire, which must be administered to all employees who are provided periodic medical examinations under the medical surveillance provisions of the standard.

17A. Have you ever worked full time (30 hours 1. Yes _ 2. No__
per week or more) for 6 months or more?

IF YES TO 17A:

B. Have you ever worked for a year or 1. Yes__ 2.No__
more in any dusty job? 3.Does Not Apply _

Specify job/industry _____ Total Years
Worked ____

Was dust exposure: 1. Mild ____ 2. Moderate ____
3. Severe ____

C. Have you even been exposed to gas or 1. Yes ____ 2. No ____
chemical fumes in your work?

Specify job/industry _____ Total Years
Worked ____

Was exposure: 1. Mild ____ 2. Moderate ____
3. Severe ____

D. What has been your usual occupation or job--the one you
have worked at the longest?

1. Job occupation _____

2. Number of years employed in this occupation _____

3. Position/job title _____

4. Business, field or industry _____

(Record on lines the years in which you have worked in any of
these industries, e.g. 1960-1969)

Have you ever worked:

YES NO

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
- A. Do you consider yourself to be 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:
- | | YES | NO |
|---|--------------------------|--------------------------|
| a. Epilepsy (or fits, seizures, convulsions)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Rheumatic fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Kidney disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Bladder disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Jaundice? | <input type="checkbox"/> | <input type="checkbox"/> |

19. CHEST COLDS AND CHEST ILLNESSES

- 19A. If you get a cold, does it usually go to your chest?
(Usually means more than 1/2 the time)
1. Yes__ 2. No__ 3. Don't get colds__
- 20A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?
1. Yes__ 2. No__
- IF YES TO 20A:
- B. Did you produce phlegm with any of these chest illnesses?
1. Yes__ 2. No__ 3. Does Not Apply __
- C. In the last 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?
 1. Yes__ 2. No__
22. Have you ever had any of the following?
- 1A. Attacks of bronchitis? 1. Yes__ 2. No__
 IF YES TO 1A:
 B. Was it confirmed by a doctor? 1. Yes__ 2. No__
 3. Does Not Apply _
- C. At what age was your first attack? Age in Years __
 Does Not Apply _
- 2A. Pneumonia (include bronchopneumonia)? 1. Yes__ 2. No__
 IF YES TO 2A:
 B. Was it confirmed by a doctor? 1. Yes__ 2. No__
 3. Does Not Apply _
- C. At what age did you first have it? Age in Years __
 Does Not Apply _
- 3A. Hay Fever? 1. Yes__ 2. No__
 IF YES TO 3A:
 B. Was it confirmed by a doctor? 1. Yes__ 2. No__
 3. Does Not Apply _
- C. At what age did it start? Age in Years __
 Does Not Apply _
- 23A. Have you ever had chronic bronchitis? 1. Yes__ 2. No__
 IF YES TO 23A:
 B. Do you still have it? 1. Yes__ 2. No__
 3. Does Not Apply _
- C. Was it confirmed by a doctor? 1. Yes__ 2. No__
 3. Does Not Apply _
- D. At what age did it start? Age in Years __
 Does Not Apply _
- 24A. Have you ever had emphysema? 1. Yes__ 2. No__
 IF YES TO 24A:
 B. Do you still have it? 1. Yes__ 2. No__
 3. Does Not Apply _
- C. Was it confirmed by a doctor? 1. Yes__ 2. No__
 3. Does Not Apply _
- D. At what age did it start? Age in Years __
 Does Not Apply _
- 25A. Have you ever had asthma? 1. Yes__ 2. No__
 IF YES TO 25A:

- B. Do you still have it? 1. Yes__ 2. No__
3. Does Not Apply _
- C. Was it confirmed by a doctor? 1. Yes__ 2. No__
3. Does Not Apply _
- 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? 1. Yes__ 2. No__
If yes, please specify _____
- B. Any chest operations? 1. Yes__ 2. No__
If yes, please specify _____
- C. Any chest injuries? 1. Yes__ 2. No__
If yes, please specify _____
- 27A. Has a doctor ever told you that you had heart trouble?
1. Yes__ 2. No__
- IF YES TO 27A:
- B. Have you ever had treatment for heart trouble in the past
10 years? 1. Yes__ 2. No__
3. Does Not Apply _
- 28A. Has a doctor ever told you that you had high blood
pressure? 1. Yes__ 2. No__
- IF YES TO 28A:
- B. Have you had any treatment for high blood pressure
(hypertension in the past 10 years)? 1. Yes__ 2. No__
3. Does Not Apply _
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? _____

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 | | |
| | 1. Yes | 2. No | 3. Don't know. | 1. Yes | 2. No | 3. Don't know. |

| | | | | | | |
|-------------------------|-----|-----|-----|-----|-----|-----|
| Chronic bronchitis? | ___ | ___ | ___ | ___ | ___ | ___ |
| Emphysema? | ___ | ___ | ___ | ___ | ___ | ___ |
| Asthma? | ___ | ___ | ___ | ___ | ___ | ___ |
| Lung cancer? | ___ | ___ | ___ | ___ | ___ | ___ |
| Other chest conditions? | ___ | ___ | ___ | ___ | ___ | ___ |

F. Is parent currently alive? _____

| | | | | |
|-------------------|-----|---------------|-----|---------------|
| G. Please Specify | ___ | Age if Living | ___ | Age if Living |
| | ___ | Age at Death | ___ | Age at Death |
| | ___ | Don't Know | ___ | Don't Know |

H. Please specify cause of death _____

COUGH

32A. Do you usually have a cough? (Count cough with first smoke or on first going out of doors. Exclude clearing of throat.) [If no, skip to question 32C.]

1. Yes ___ 2. No ___

32B. Do you usually cough as much as 4 to 6 times a day or more days out of the week?

1. Yes ___ 2. No ___

C. Do you usually cough at all on getting up or first thing in the morning?

1. Yes ___ 2. No ___

D. Do you usually cough at all during the rest of the day or at night?

1. Yes ___ 2. No ___

IF YES TO ANY OF ABOVE (32A, B, C, or D), ANSWER THE FOLLOWING.
IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO NEXT PAGE

- E. Do you usually cough like this on most days for 3 consecutive months or more during the year?
 1. Yes ___ 2. No ___
 3. Does not apply ___
- 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)
 1. Yes ___ 2. No ___
- B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?
 1. Yes ___ 2. No ___
- C. Do you usually bring up phlegm at all on getting up or first thing in the morning?
 1. Yes ___ 2. No ___
- D. Do you usually bring up phlegm at all during the rest of the day or at night?
 1. Yes ___ 2. No ___

IF YES TO ANY OF THE ABOVE (33A, B, C, or D), ANSWER THE FOLLOWING:
 IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 34A.

- E. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year?
 1. Yes ___ 2. No ___
 3. Does not apply ___
- 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 3 weeks or more each year?
 *(For persons who usually have cough and/or phlegm)
 1. Yes ___ 2. No ___
- If YES TO 34A
- B. For how long have you had at least 1 such episode per year?

Number of years _____
 Does not apply _____

WHEEZING

- 35A. Does your chest ever sound wheezy or whistling
- 1. When you have a cold? 1. Yes ___ 2. No ___
 - 2. Occasionally apart from colds? 1. Yes ___ 2. No ___
 - 3. Most days or nights? 1. Yes ___ 2. No ___

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?

1. Yes ___ 2. No ___

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 2 or more such episodes?
- 1. Yes ___ 2. No ___
 - 3. Does not apply _____
- D. Have you ever required medicine or medicine for the(se) attack(s)?
- 1. Yes ___ 2. No ___
 - 3. Does not apply _____

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?

1. Yes ___ 2. No ___

IF YES TO 38A

- B. Do you have to walk slower than people of your age on the level because of breathlessness?

1. Yes ___ 2. No ___

3. Does not apply —
- C. Do you ever have to stop for breath when walking at your own pace on the level?
1. Yes__ 2. No __
3. Does not apply —
- D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?
1. Yes__ 2. No __
3. Does not apply —
- E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?
1. Yes __ 2. No __
3. Does not apply —

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 1 cigarette a day for 1 year.)
1. Yes __ 2. No __
- IF YES TO 39A
- B. Do you now smoke cigarettes (as of one month ago)?
1. Yes __ 2. No __
3. Does not apply —
- 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 —
- 5 G. Do or did you inhale the cigarette smoke?
1. Does not apply —

- 2. Not at all
- 3. Slightly
- 4. Moderately
- 5. Deeply

40A. Have you ever smoked a pipe regularly?
 (Yes means more than 12 oz. of tobacco
 in a lifetime.)

1. Yes 2. No

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 1/2 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?
 1. Yes 2. No
 (Yes means more than 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 cigars -
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 -
smoking cigars -
currently -

- E. Do or did you inhale the cigar smoke? 1. Never smoked -
2. Not at all -
3. Slightly -
4. Moderately -
5. Deeply -

Signature _____

Date _____

Part 2
 PERIODIC MEDICAL QUESTIONNAIRE

Removed #2
 and renumbered →

1. NAME _____
2. SOCIAL SECURITY # _____
3. CLOCK NUMBER _____
4. PRESENT OCCUPATION _____
5. PLANT _____
6. ADDRESS _____
7. _____
 (Zip Code)
8. TELEPHONE NUMBER _____
9. INTERVIEWER _____
10. DATE _____
11. What is your marital status?

| | | |
|------------|-----|---------------|
| 1. Single | ___ | 4. Separated/ |
| 2. Married | ___ | Divorced |
| 3. Widowed | ___ | |
12. OCCUPATIONAL HISTORY
 - 12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more?

| | | | |
|--------|-----|-------|-----|
| 1. Yes | ___ | 2. No | ___ |
|--------|-----|-------|-----|

IF YES TO 12A:
 - 12B. In the past year, did you work in a dusty job?

| | | | |
|-------------------|-----|-------|-----|
| 1. Yes | ___ | 2. No | ___ |
| 3. Does Not Apply | ___ | | |
 - 12C. Was dust exposure:

| | | | |
|-----------|-----|-------------|-----|
| 1. Mild | ___ | 2. Moderate | ___ |
| 3. Severe | ___ | | |
 - 12D. In the past year, were you exposed to gas or chemical fumes in your work?

| | | | |
|--------|-----|-------|-----|
| 1. Yes | ___ | 2. No | ___ |
|--------|-----|-------|-----|

- 12E. Was exposure: 1. Mild 2. Moderate
3. Severe
- 12F. In the past year, what was your: 1. Job/occupation? _____
2. Position/job title? _____
13. RECENT MEDICAL HISTORY
- 13A. Do you consider yourself to be in good health? Yes No
If NO, state reason _____
- 13B. In the past year, have you developed:
- | | <u>Yes</u> | <u>No</u> |
|------------------|------------|-----------|
| Epilepsy? | ___ | ___ |
| Rheumatic fever? | ___ | ___ |
| Kidney disease? | ___ | ___ |
| Bladder disease? | ___ | ___ |
| Diabetes? | ___ | ___ |
| Jaundice? | ___ | ___ |
| Cancer? | ___ | ___ |
14. CHEST COLDS AND CHEST ILLNESSES
- 14A. If you get a cold, does it usually go to your chest?
(Usually means more than 1/2 the time)
1. Yes 2. No
3. Don't get colds
- 15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?
1. Yes 2. No
3. Does Not Apply
- IF YES TO 15A:
- 15B. Did you produce phlegm with any of these chest illnesses?
1. Yes 2. No
3. Does Not Apply
- 15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?
Number of illnesses
No such illnesses

16. RESPIRATORY SYSTEM

In the past year have you had:

| | <u>Yes or No</u> | <u>Further Comment on Positive Answers</u> |
|-----------------|------------------|--|
| Asthma | _____ | |
| Bronchitis | _____ | |
| Hay Fever | _____ | |
| Other Allergies | _____ | |

| | <u>Yes or No</u> | <u>Further Comment on Positive Answers</u> |
|---------------------|------------------|--|
| Pneumonia | _____ | |
| Tuberculosis | _____ | |
| Chest Surgery | _____ | |
| Other Lung Problems | _____ | |
| Heart Disease | _____ | |

Do you have:

| | <u>Yes or No</u> | <u>Further Comment on Positive Answers</u> |
|---|------------------|--|
| Frequent colds | _____ | |
| Chronic cough | _____ | |
| Shortness of breath when walking or climbing one flight or stairs | _____ | |

Do you:

| | |
|-----------------|-------|
| Wheeze | _____ |
| Cough up phlegm | _____ |

Smoke cigarettes _____ Packs per day _____ How many years _____

Date _____ Signature _____