

Butadiene Update Health Questionnaire

Future PRA Burden Box will appear here.

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29 CFR Ch. XVII (7-1-13 Edition)

1,3 -Butadiene (BD) Update Health Questionnaire

DIRECTIONS:

You have been asked to answer the questions on this form because you work with BD (butadiene). These questions ask about changes in your work, medical history, and health concerns since the last time you were evaluated. Please do your best to answer all of the questions. If you need help, please tell the doctor or health care professional who reviews this form.

This form is a confidential medical record. Only information directly related to your health and safety on the job may be given to your employer. Personal health information will not be given to anyone without your consent.

Date: _____

Name: _____
Last First MI

~~SSN~~ _____ ← removed

Job title: _____

Company's Name: _____

Supervisor's Name: _____ Supervisor's Phone No. () _____ - _____

Present Work History

1. Please describe any NEW duties that you have at your job: _____

2. Please list any additional job titles you have:

Please circle your answer.

3. Are you exposed to any other chemicals in your work since the last time you were evaluated for exposure to BD? yes no

If yes, please list what they are: _____

4. Does your personal protective equipment and clothing fit you properly? yes no

5. Have you made changes in this equipment or clothing to make it fit better? yes no

6. Have you been exposed to BD when you were not wearing protective equipment or clothing?
yes no

7. Are you exposed to any NEW chemicals at home or while working on hobbies?
yes no

If yes, please list what they are: _____

8. Since your last BD health evaluation, have you started working any new second or side jobs?
yes no

If yes, what are your duties there? _____

Personal Health History

1. What is your current weight? _____ pounds

2. Have you been diagnosed with any new medical conditions or illness since your last evaluation?
yes no

If yes, please tell what they are: _____

3. Since your last evaluation, have you been in the hospital for any illnesses, injuries, or surgery?
yes no

If yes, please describe: _____

4. Do you have any of the following? Please place a check for all that apply to you.

- | | | | | | |
|----------------------|-------|----------------------|-------|-------------------------|-------|
| unexplained fever | _____ | bruising easily | _____ | still birth | _____ |
| anemia ("low blood") | _____ | lupus | _____ | eye redness | _____ |
| HIV/AIDS | _____ | weight loss | _____ | lumps you can feel | _____ |
| weakness | _____ | kidney problems | _____ | child with birth defect | _____ |
| sickle cell | _____ | enlarged lymph nodes | _____ | autoimmune disease | _____ |
| miscarriage | _____ | liver disease | _____ | overly tired | _____ |
| skin rash | _____ | cancer | _____ | lung problems | _____ |
| bloody rash | _____ | infertility | _____ | rheumatoid arthritis | _____ |
| leukemia/lymphoma | _____ | drinking problems | _____ | mononucleosis "mono" | _____ |
| neck mass/swelling | _____ | thyroid problems | _____ | nagging cough | _____ |
| wheezing | _____ | night sweats | _____ | yellowing of skin | _____ |

chest pain _____

Please circle your answer.

5. Do you have any symptoms or health problems that you think may be related to your work with BD? yes no

If yes, please describe: _____

6. Have any of your co-workers had similar symptoms or problems? yes no don't know

If yes, please describe: _____

7. Do you notice any irritation of your eyes, nose, throat, lungs, or skin when working with BD? yes no

8. Do you notice any blurred vision, coughing, drowsiness, nausea, or headache when working with BD? yes no

9. Have you been taking any NEW medications (including birth control or over-the-counter)? yes no

If yes, please list:

10. Have you developed any NEW allergies to medications, foods, or chemicals? yes no

If yes, please list:

11. Do you have any health conditions not covered by this questionnaire that you think are affected by your work with BD? yes no

If yes, please explain: _____

12. Did you understand all the questions? yes no

Signature

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