**Cadmium Standard Appendix D PRA Public Burden Statement**

**§ 1910.1027 Cadmium.**

Appendix D to § 1910.1027—Occupational Health History Interview With Reference to Cadmium Exposure

**PAPERWORK REDUCTION ACT STATEMENT**

Under the cadmium in general industry standard, this medical questionnaire must be administered to all employees who are or may be exposed to cadmium at or above the action level for 30 or more days per year and to those employees previously exposed at or above the action level, and who will therefore be included in their employer's medical surveillance program. (29 CFR 1910.1027(l)(1)(i)). Under the Paperwork Reduction Act, a Federal agency generally cannot conduct or sponsor, and the public is generally not required to respond to, an information collection, unless it is approved by OMB and displays a valid OMB Control Number. Use of this questionnaire is mandatory. The questionnaire assists both physicians and employers to ensure that the physician obtains compliant employee medical documentation. OSHA estimates employer burden for the completion of this collection of information is 10 minutes per employee. This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The time estimate consists of time for completion of the questionnaire by the employer’s employee to ensure compliance with the collection of information required in Appendix D. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to OSHAPRA@dol.gov or to OSHA’s Directorate of Standards and Guidance, Department of Labor, Room N-3718, 200 Constitution Ave., NW, Washington, DC 20210; Attn: Paperwork Reduction Act Comment; 1218-0185. (This address is for comments regarding this form only; **DO NOT SEND ANY COMPLETED SAMPLE FORM TO THIS OFFICE**.)

*OMB Approval# 1218-0185; Expires: 00-00-0000*

*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 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 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Thank you for answering these questions. (Suggested Format)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 years

 [ ] Number of months

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, 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?

 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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22. Have you recently had any surgery?

 [ ] Yes

 [ ] No

 If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 a claustrophobia, meaning 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 a child with malformations or birth defects?

[ ] Yes

[ ] No

 If yes, specify:

[ ] Miscarriage

[ ] Still birth

[ ] Malformations or birth defects

 If outcome was a child with malformations or birth defects, please specify type:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_