

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.

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.

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:

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: _____

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 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:

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?

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):
