

Appendix F to §1910.1051
Medical Questionnaires (Non-Mandatory)

1,3-Butadiene (BD) Initial Health Questionnaire

DIRECTIONS:

You have been asked to answer the questions on this form because you work with BD (butadiene). These questions are about your work, medical history, and health concerns. 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: ____ / ____ / ____
MONTH DAY YEAR

NAME: _____
LAST FIRST MIDDLE INITIAL

JOB TITLE: _____

COMPANY'S NAME: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S PHONE NO.: (____) _____ - _____ EXT. _____

WORK HISTORY:

1. Please list all jobs you have had in the past, starting with the job you have now and moving back in time to your first job. (For more space, write on the back of this page.)

	Main Job Duty	Years	Company Name	City	State	Chemicals
1						
2						
3						
4						
5						
6						
7						
8						

2. Please describe what you do during a typical work day. Be sure to tell about your work with BD.

3. Please check any of these chemicals that you work with now or have worked with in the past:

- | | |
|--|---|
| <input type="radio"/> Benzene | <input type="radio"/> Carbon tetrachloride (*carbon tet*) |
| <input type="radio"/> Glues | <input type="radio"/> Arsine |
| <input type="radio"/> Toluene | <input type="radio"/> Carbon disulfide |
| <input type="radio"/> Inks, dyes | <input type="radio"/> Lead |
| <input type="radio"/> Other solvents, grease cutters | <input type="radio"/> Cement |
| <input type="radio"/> Insecticides (like DDT, lindane, etc.) | <input type="radio"/> Petroleum products |
| <input type="radio"/> Paints, varnishes, thinners, strippers | <input type="radio"/> Nitrites |
| <input type="radio"/> Dusts | |

4. Please check the protective clothing or equipment you use at the job you have now:

- | | |
|---|---------------------------------|
| <input type="radio"/> Gloves | <input type="radio"/> Coveralls |
| <input type="radio"/> Respirator | <input type="radio"/> Dust mask |
| <input type="radio"/> Safety glasses, goggles | |

Please check your answer of yes or no.

5. Does your protective clothing or equipment fit you properly? ☐ Yes ☐ No

6. Have you ever made changes in your protective clothing or equipment to make it fit better? ☐ Yes ☐ No

7. Have you been exposed to BD when you were not wearing protective clothing or equipment? ☐ Yes ☐ No

8. Where do you eat, drink and/or smoke when you are at work? (Please check all that apply.)

- ☐ Cafeteria/restaurant/snack bar
☐ Break room/employee lounge
☐ Smoking lounge
☐ At my work station

9. Have you been exposed to radiation (like x-rays or nuclear material) at the job you have now or at past jobs? ☐ Yes ☐ No

10. Do you have any hobbies that expose you to dusts or chemicals (including paints, glues, etc.)? ☐ Yes ☐ No

11. Do you have any second or side jobs? ☐ Yes ☐ No

If yes, what are your duties there? _____

12. Were you in the military? ☐ Yes ☐ No

If yes, what did you do in the military? _____

