



Silicosis Surveillance History Questionnaire

Patient Name: _____ Date: _____

DOB: _____ Gender: Male Female Race: _____

Company: _____

Job Title: _____ Years Exposed to Silica: _____

MEDICAL HISTORY

Allergies: None Yes, List: _____

Medications: None Yes (List Medications and Reason for Taking Them):

Surgeries/Hospitalizations (since last Silicosis Exam): None



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Do you have any of the following conditions currently or since the last Silicosis Physical:

LUNG/PULMONARY:

- Asthma, Wheezing
- Abnormal Shortness of Breath with Activities or Work
- Chronic Bronchitis, Emphysema
- Coughing Up Blood
- Lung Diseases
 - TB
 - Asbestosis
 - Silicosis
 - Other _____
- Chest Surgery or Injury
- Collapsed Lung

HEART/VASCULAR:

- Chest Pain
- Experienced Dizziness or Blackouts
- Heart Attack
- High Blood Pressure
- Seizures, Fainting, or Stroke
- Rheumatic Fever
- Other Heart Problems (Please List): _____
- Blood Abnormalities
- Bleeding Problems
- Blood Cancer (Lymphoma, Leukemia, etc.)
- Anemia Type: _____
- Blood Transfusions

GASTROINTESTINAL:

- Difficulty Swallowing
- Jaundice/Liver Disease (Hepatitis, Cirrhosis, Liver Cancer, etc.)
- Bleeding from Stomach or Intestines (Not Hemorrhoids)
- Stomach or Intestinal Ulcers
- Stomach Problems Type: _____
- Intestinal Problems Type: _____

URINARY/KIDNEY/BLADDER/PROSTATE:

- Bladder Disease/Problems
- Kidney Disease/Problems
- Prostate Problems (Infection, Enlargement, Cancer)
- Blood in Urine

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NEUROLOGIC/SPECIAL SENSES (EARS, EYES, SMELL, etc.):

- Seizures, Fainting, or Stroke
- Epilepsy (or Fits, Seizures, Convulsions)
- Frequent Headaches
- Migraines
- Extreme Difficulty with Your Hearing
- Ruptured Ear Drum
- Tinnitus or Ringing in the ear(s)
- Wear Glasses Wear Contacts
- Visual Problems Not Corrected with Lenses
- Cataracts
- Glaucoma
- Color Blindness
- Need to Wear Prescription Glasses in a Respirator
- Hoarseness/Change in Voice

If you wear contacts, have you worn them for 30 days without problems? Yes No

ENDOCRINE:

- Diabetes – Insulin-Dependent
- Diabetes – Non-Insulin-Dependent
- Thyroid Problems
- Reproductive Problems

MUSCULOSKELETAL:

- Loss of Sensation or Strength
- Back Problems
- Joint Injury or Pain
- Rheumatoid Arthritis
- Degenerative Arthritis
- Other Arthritis _____
- Muscle or Bone Cancers or Tumors

SKIN:

- Chloracne
- Skin Cancers
- Psoriasis, Seborrhea, or Severe Acne
- Sensitivity to Sunlight
- Recurrent Rashes

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OTHER:

- Problems Related to Heat Stress
- Epilepsy (or Fits, Seizures, Convulsions)
- Night Sweats or Fever
- Recent Weight Gain/Loss
- Depression
- Other Illness (Cancer, TB)
- Recent Abnormal Laboratory Tests
- History of Alcohol or Drug Problems

TOBACCO USE:

- Never
- Current _____ Packs/Cigars per Day for _____ Years
- Prior _____ Packs/Cigars per Day for _____ Years Year Quit: _____
- Smokeless

ALCOHOL USE:

- Never
- Current _____ Drinks* per week for _____ Years
- Prior _____ Drinks* per week for _____ Years Year Quit: _____

*(1 "drink" = 1 beer, 4 oz. glass of wine, or 1 oz. liquor)

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Have you ever been exposed to any of the following since your last HAZMAT evaluation (either on or off the job):
If exposed please place the appropriate symbol in the yes column.

Yes: = using protective equipment, = without protective equipment, NA = protective equipment not needed

Y	N		Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	Lead
<input type="checkbox"/>	<input type="checkbox"/>	Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	Methylene Chloride
<input type="checkbox"/>	<input type="checkbox"/>	Antimony	<input type="checkbox"/>	<input type="checkbox"/>	Mercury
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	Nickel
<input type="checkbox"/>	<input type="checkbox"/>	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	Nitrogen Oxides/Sulfur Dioxide
<input type="checkbox"/>	<input type="checkbox"/>	Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	Paints/Solvents
<input type="checkbox"/>	<input type="checkbox"/>	Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	Organochlorine Pesticides ¹
<input type="checkbox"/>	<input type="checkbox"/>	Carbamate Pesticides (Aldicarb, Baygon, Zectran)	<input type="checkbox"/>	<input type="checkbox"/>	Organophosphate Pesticides ²
<input type="checkbox"/>	<input type="checkbox"/>	Carbon Disulfide	<input type="checkbox"/>	<input type="checkbox"/>	Petroleum Products/Fuels
<input type="checkbox"/>	<input type="checkbox"/>	Carbon Tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	Phenols/Phenol-Like Resins
<input type="checkbox"/>	<input type="checkbox"/>	Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	Phosgene
<input type="checkbox"/>	<input type="checkbox"/>	Chlorine	<input type="checkbox"/>	<input type="checkbox"/>	Polychlorinated Biphenyls
<input type="checkbox"/>	<input type="checkbox"/>	Chromium	<input type="checkbox"/>	<input type="checkbox"/>	Radioactive Materials
<input type="checkbox"/>	<input type="checkbox"/>	Coal	<input type="checkbox"/>	<input type="checkbox"/>	Silica/Non- Asbestos Substitutes
<input type="checkbox"/>	<input type="checkbox"/>	Coke Ovens	<input type="checkbox"/>	<input type="checkbox"/>	Toluene
<input type="checkbox"/>	<input type="checkbox"/>	Cutting Oils, Coolants	<input type="checkbox"/>	<input type="checkbox"/>	Toxic Waste
<input type="checkbox"/>	<input type="checkbox"/>	Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	Trichlorethylene
<input type="checkbox"/>	<input type="checkbox"/>	Degreasing/Plating	<input type="checkbox"/>	<input type="checkbox"/>	Vinyl Chloride
<input type="checkbox"/>	<input type="checkbox"/>	Dust/Nuisance Dust	<input type="checkbox"/>	<input type="checkbox"/>	Welding, Soldering Fumes
<input type="checkbox"/>	<input type="checkbox"/>	Engine Exhausts	<input type="checkbox"/>	<input type="checkbox"/>	Xylene
<input type="checkbox"/>	<input type="checkbox"/>	Epoxy Resins, Adhesives	<input type="checkbox"/>	<input type="checkbox"/>	Zinc
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Noise	<input type="checkbox"/>	<input type="checkbox"/>	Other – Specify/Describe
<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass			
<input type="checkbox"/>	<input type="checkbox"/>	Fluorides (including Hydrogen Fluoride)			
<input type="checkbox"/>	<input type="checkbox"/>	Formaldehyde			
<input type="checkbox"/>	<input type="checkbox"/>	Galvanizing			
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Sulfide			
<input type="checkbox"/>	<input type="checkbox"/>	Isocyanates (TDI,MDI)			

¹= (DDT, Aldrin, Chlordane, Dieldrin, Endrin, Lindane)

²=(Diazinon, Dichlorovos, Dimethoate, Trichlorfon, Malathion, Methyl Parathion, Parathion)

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Have you had overexposure to any chemical or physical agents (noise, radiation, heat, etc.) since your last HAZMAT Evaluation? No Yes, please describe:

What type of Personal Protective Equipment (PPE) do you routinely use when dealing with hazardous materials? (See Next Page for Level Descriptions)

- Level A, Level B, Level C, Level D, Respirator, Full Face, Negative Pressure, Half Face, Negative Pressure, PAPR, SCBA, Particle Dust, TB, Hearing Protection, Muffs, Plugs, Both, Other: _____

Employee Signature: _____
Provider Name: _____

Provider Signature: _____
Date: _____



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Level A. Should be selected when the greatest level of skin, respiratory, and eye protection is required. The following constitute Level A equipment; it may be used as appropriate:

- Positive pressure, full-facepiece self-contained breathing apparatus (SCBA), or positive pressure supplied-air respirator with escape SCBA, approved by the National Institute for Occupational Safety and Health (NIOSH).
- Totally-encapsulating chemical-protective suit.
- Coveralls.*
- Long underwear.*
- Gloves, outer, chemical-resistant.
- Gloves, inner, chemical-resistant.
- Boots, chemical-resistant steel toe and shank.
- Hard hat (under suit).*
- Disposable protective suit, gloves, and boots. (Depending on suit construction, may be worn over totally-encapsulating suit.)

Level B. The highest level of respiratory protection is necessary but a lesser level of skin protection is needed. The following constitute Level B equipment, it may be used as appropriate:

- Positive pressure, full-facepiece self-contained breathing apparatus (SCBA), or positive pressure supplied-air respirator with escape SCBA (NIOSH approved).
- Hooded chemical-resistant clothing (overalls and long-sleeved jacket, coveralls, one or two-piece chemical-splash suit, disposable chemical-resistant overalls).
- Coveralls.*
- Gloves, outer, chemical-resistant.
- Gloves, inner, chemical-resistant.
- Boots, outer, chemical-resistant steel toe and shank.
- Boot-covers, outer, chemical-resistant (disposable).*
- Hard hat.
- Face shield.*

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Level C. The concentration(s) and type(s) of airborne substance(s) is known and the criteria for using air purifying respirators are met. The following constitute Level C equipment, it may be used as appropriate:

- Full-face or half-mask, air purifying respirators (NIOSH approved).
- Hooded chemical-resistant clothing (overalls; two-piece chemical-splash suit; disposable chemical resistant overalls).
 - Coveralls.*
 - Gloves, outer, chemical-resistant.
 - Gloves, inner, chemical-resistant.
 - Boots (outer), chemical-resistant steel toe and shank.*
 - Boot-covers, outer, chemical-resistant (disposable).*
 - Hard hat.
 - Escape mask.*
 - Face shield.*

Level D. A work uniform affording minimal protection: Used for nuisance contamination only. The following constitute Level D equipment, it may be used as appropriate:

- Coveralls.
- Gloves.*
- Boots/shoes, chemical-resistant steel toe and shank.
- Boots, outer, chemical-resistant (disposable).*
- Safety glasses or chemical splash goggles.*
- Hard hat.
- Escape mask.*
- Face shield.*

*Optional, as applicable.

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