



Initial / Periodic Silica Exam Questionnaire

Name: _____

YES / NO

1. Are you a member of a HAZ/MAT Team
2. Have you worn protective equipment (clothes, safety glasses, respirator, hearing protection)?
3. Have you participated in workplace medical monitoring (blood, urine, chest x-ray, respirator program)?

Have you experienced any of the following symptoms or conditions due to workplace exposure?

1. Severe allergic reaction, difficulty breathing or swallowing?
2. Heart pain, palpitations, heart muscle damage?
3. Cough, shortness of breath, wheezing, asthma, lung damage, abnormal breathing tests or chest x-ray?
4. Dizziness, fainting, blackouts, seizure, headaches, fatigue?
5. Arm or leg weakness, numbness, pins/needles, sensation?
6. Abnormal liver blood tests, liver damage, hepatitis, weight loss, jaundice?
7. Abnormal pain, stomach or intestinal problems, weight loss, blood in stool?
8. Abnormal kidney blood or urine tests, kidney damage?
9. Rash, skin Cancer?
10. Abnormal blood counts, anemia, swollen glands?
11. Heat, cold illness, burns, frostbite?
12. Difficulty with mood, memory, concentration?

Have or have had any of the following medical conditions?

1. Hay fever, allergic rhinitis
2. Asthma, chronic bronchitis, COPD
3. Heart disease, congestive heart failure, hypertension, atrial fibrillation
4. Ulcers, Crohn's disease, diverticulitis
5. Hepatitis, cirrhosis, liver disease, gallbladder disease
6. Stroke, seizures, depression, anxiety, dementia, Parkinson's disease, multiple sclerosis
7. Leukemia, lymphoma, cancer
8. Another chronic/serious health condition
9. Any disability, physical limitation
10. Have you had any type of surgery
11. In previous jobs, did you have an occupational exposure to respirable silica?
If yes, what was your job? _____
12. What is your current level of occupational exposure to respirable silica? _____
13. What is your current job? _____
14. What is your anticipated level of future occupational exposure to respirable silica? _____
15. Describe any personal protective equipment currently used, or to be used, to protect against respirable silica exposure:





Have/had any of the following musculoskeletal conditions: YES / NO

1. Back injury, strain, herniated disc, recurring ache
2. Neck problems, neck pain, whiplash
3. Bursitis, tendonitis
4. Foot or ankle problems
5. Fractures
6. Hand, wrist, elbow problems
7. Knee or shoulder problems

What year was your last diphtheria/tetanus booster? _____

Have you completed the series of three hepatitis B injections? _____

Exposure History:

Please **DESCRIBE** any of the following exposures that may have occurred in the course of previous or current employment, or as a result of ongoing hobbies:

Asphalt Roofing Material _____

Concrete Products _____

Porcelain Enameling _____

Dental Lab _____

Foundries _____

Jewelry Making _____

Cut Stone _____

Pottery _____

Ready-mix Concrete _____

Railroads _____

Shipyards _____

Structural Clay Products _____

Support for Gas/Oil Operations _____

Patient Signature: _____ Date: _____

