

Questions to be Included in Periodic Medical Exam for Workers Exposed to Occupational Allergens

1. In the past year, have you seen a doctor regarding:

- | | |
|--------------------------|--------------------------|
| 1a) shortness of breath? | 1a) No 1 Yes 2 Unknown 3 |
| 1b) sinus problems? | 1b) No 1 Yes 2 Unknown 3 |
| 1c) skin rash? | 1c) No 1 Yes 2 Unknown 3 |

2. In the past year, have you had asthma?

2) No 1 Yes 2 Unknown 3

2a) Was your asthma confirmed by a doctor?

2a) No 1 Yes 2 Unknown 3

3. Do you currently require medicine or treatment for asthma?

3) No 1 Yes 2 Unknown 3

3a) If Yes, what type of medicine? _____

4. Circle how often any of the following symptoms have bothered you at your current job. Note area of plant which you suspect may cause or make the symptoms worse.

	Never	Seldom	Monthly	Weekly	Daily	Month/Year Symptom Started	Area of Plant
Nasal stuffiness	1	2	3	4	5	___/___	_____
Runny nose	1	2	3	4	5	___/___	_____
Tearing, burning of eyes	1	2	3	4	5	___/___	_____
Redness of eyes	1	2	3	4	5	___/___	_____
Swelling of face	1	2	3	4	5	___/___	_____
Hives	1	2	3	4	5	___/___	_____
Sore throat	1	2	3	4	5	___/___	_____
Cough	1	2	3	4	5	___/___	_____
Wheezing	1	2	3	4	5	___/___	_____

	Never	Seldom	Monthly	Weekly	Daily	Month/Year Symptom Started	Area of Plant
Chest tightness	1	2	3	4	5	___/___	_____
Shortness of breath	1	2	3	4	5	___/___	_____
Fever or sweats	1	2	3	4	5	___/___	_____
Chills or shivering	1	2	3	4	5	___/___	_____
Ache all over	1	2	3	4	5	___/___	_____
Unusual tiredness	1	2	3	4	5	___/___	_____

5. In the past year, have you had an attack of wheezing that has made you feel short of breath? 5) No 1 Yes 2 Unknown 3

If YES:

5a) Have you had 2 or more such episodes? 5a) No 1 Yes 2 Unknown 3

5b) Have you required medicine or treatment for these attacks? 5b) No 1 Yes 2 Unknown 3

5c) Is there a chemical substance or job at work which you think causes these attacks? 5c) No 1 Yes 2 Unknown 3

If YES, please describe: _____

6. During the past years did you bring up phlegm or mucus most days of the week (4 out of 7 days) for a period of 3 months straight (count phlegm or mucus with first smoke or on first going out-of -doors, don't count phlegm or mucus from your nose). 6) No 1 Yes 2 Unknown 3

7. Do you smoke cigarettes? 7) No 1 Yes 2 Unknown 3

If Yes to 7:

7a) How many packs of cigarettes do you smoke each day. 7a) ___ number of packs