

WAC 296-62-07447 Appendix D—Occupational health history interview with reference to cadmium exposure 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 them 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: WISHA 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

Social Security #

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

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.....

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:

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.....

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 deformed offspring?

Yes No

If yes, specify: Miscarriage Still birth Deformed offspring

If outcome was a deformed offspring, 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):

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[Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 19-01-094, § 296-62-07447, filed 12/18/18, effective 1/18/19. Statutory Authority: Chapter 49.17 RCW. WSR 93-21-075 (Order 93-06), § 296-62-07447, filed 10/20/93, effective 12/1/93; WSR 93-07-044 (Order 93-01), § 296-62-07447, filed 3/13/93, effective 4/27/93.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.