



OCCUPATIONAL MEDICINE
2388 ROUTE 9 • MECHANICVILLE • NY • 12118
TEL: (518) 886-5412 • FAX: (518) 899-8069

DOB:
ADM/SVC Date:

Sex:

Age:

Arrival Time:

MR#:

<u> </u>			
	Initial / Periodic Hazmat Exam Questionnaire		
1.	Are you a member of a HAZ/MAT team?	□Yes	□ No
2.	Have you worn protective equipment (clothes, safety glasses, respirator, hearing protections?	□ Yes	□ No
3.	Have you participated in workplace medical monitoring (blood, urine, chest X-ray, respirator program?	□ Yes	□No
Ha	ve you ever experienced any of the following symptoms or conditions due to workplace ex	posure:	
1.	Severe allergic reaction, difficulty breathing or swallowing?	□ Yes	□ No
2.	Heart pain, palpitations, heart muscle damage?	□Yes	□ No
3.	Cough, shortness of breath, wheezing, asthma, lung damage, abnormal breathing tests or chest X-ray?	□Yes	□ No
4.	Dizziness, fainting, blackouts, seizure, headaches, weight loss, jaundice?	□Yes	□ No
5.	Arm or leg weakness, numbness, pins/needles sensation?	□Yes	□ No
6.	Abnormal liver blood tests, liver damage, hepatitis, weight loss, jaundice?	□Yes	□No
7.	Abdominal pain, stomach or intestinal problems, weight loss, blood in stool?	☐ Yes	□ No
8.	Abnormal kidney blood or urine tests, kidney damage?	□Yes	□ No
9.	Rash, skin cancer?	□Yes	□No
10.	Abnormal blood counts, anemia, swollen glands?	□Yes	□No
	Heat, cold, illness, burns, frostbite?	□Yes	□ No
12.	Difficulty with mood, memory, concentration?	☐ Yes	□ No
Ha	ve or have had any of the following medical conditions:		
1.	Hay fever, allergic rhinitis?	□Yes	□ No
2.	Asthma, chronic bronchitis, COPD?	☐ Yes	□ No
3.	Heart disease, congestive heart failure, hypertension, atrial fibrillation?	□ Yes	□ No
4.	Ulcers, Crohn's disease, diverticulitis?	☐ Yes	□ No
5.	Hepatitis, cirrhosis, liver disease, gallbladder disease?	□Yes	□ No
6. 7	Stroke, seizures, depression, anxiety, dementia, Parkinson's disease, Multiple Sclerosis?	☐ Yes	□ No
7. 8.	Leukemia, lymphoma, cancer? Another chronic/serious health condition?	□ Yes □ Yes	□ No □ No
	Any disability, physical limitation?	☐ Yes	□ No
	Have you had any type of surgery?	□ Yes	□ No
	In previous jobs, did you have any occupational exposure to respirable silica?	□ Yes	□ No
	If yes, what was your job?		
12.	What is your current level of occupational exposure to respirable silica?		
	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 sili	ca exposu	ıre:



Form 3086 (7/20) The Saratoga Hospital, Inc.

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## Initial / Periodic Hazmat Exam Questionnaire

Have or had any of the following musculoskeletal	conditions:					
1. Back injury, strain, herniated disc, recurring ache	☐ Yes	□ No				
2. Neck problems, neck pain, whiplash?	·	☐ Yes	□ No			
3. Bursitis, tendonitis?		☐ Yes	□ No			
4. Foot or ankle problems?	A	□Yes	□ No			
5. Fractures?		□Yes	□No			
<ul><li>6. Hand, wrist, elbow problem?</li><li>7. Knee or shoulder problems?</li></ul>		□ Yes □ Yes	□ No			
What year was your last diphtheria/tetanus boost	163	□No				
Have you completed the Hepatitis B vaccine series?	□Yes					
List all medications you are currently taking:						
Previous Employment:						
Employer	Job Title	Dates Employed	d			
,		·				
Provider Notes:						
Exposure History: Please Describe any of the followemployment, or as a result of ongoing hobbies:	wing exposures that may have occurre	d in the course of previous or	current			
Asphalt roofing materials:						
Concrete Products:						
Porcelain Enameling:		·				
Dental Lab:						
Foundries:		W-44-44 - M-44-44 - 1				
Jewelry Making:						
Cut Stone:			<u>.                                    </u>			
Pottery:						
Ready-mix Concrete:						
Railroads:						
Shipyards:						
Structural Clay Products:						
Support for Gas/Oil Operations:	·					