

AUTHORIZATION FOR ACCESS

EMPLOYEE OCCUPATIONAL EXPOSURE TO  
ASBESTOS MEDICAL SURVEILLANCE RECORD

I, \_\_\_\_\_ former/present employee of \_\_\_\_\_ Chemical  
Name Corporation hereby give my permission and authorize Dr. \_\_\_\_\_  
of \_\_\_\_\_ to full access of my medical  
Address surveillance records for occupational exposure to asbestos as required by the  
Occupational Safety and Health Standard for Occupational Exposure to Asbestos.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

FIG 4-2.  
Employee authorization form for medical record release.

## ASBESTOS WORK AND PERSONAL HISTORY

Annual: \_\_\_\_\_

Termination: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee No.: \_\_\_\_\_ Social Security # \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

In order to assist the Medical Division with your medical examination, please answer the following questions.

Since your last physical examination:

HAVE YOU EVER WORKED IN OR HANDLED ASBESTOS IN ANY OF THE FOLLOWING INDUSTRIES:

		Yes	No			Yes	No
During Manufacturing Asbestos				In Coal Mining			
In Spraying Asbestos				In Dusty Work			
Removal of Asbestos Insulation				In Foundry or Casting			
In Demolition of Structures				In Textile Industry			
In Construction Trade				With Chemicals			
As a Cement Worker				With Lead			

LIST YOUR HOBBIES AND NUMBER OF YEARS PURSUED

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

HISTORY OF TOBACCO USE

1. Do you use tobacco? \_\_\_\_\_
2. In what form cigarettes, pipe, snuff, chew? \_\_\_\_\_
3. How many cigarettes or pipefuls daily? \_\_\_\_\_
4. How long have you smoked? \_\_\_\_\_
5. Have you stopped smoking? \_\_\_\_\_
6. How long ago? \_\_\_\_\_
7. Did you or do you smoke on the job? \_\_\_\_\_

FIG 4-4.

Asbestos work and personal history.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee No.: \_\_\_\_\_ Social Security # \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

In order to assist the Medical Division with your medical examination, please answer the following questions.

Since your last physical examination:

HAVE YOU EVER WORKED WITH OR HANDLED ASBESTOS? \_\_\_\_\_

State when - where \_\_\_\_\_

HAVE YOU EVER HAD OR BEEN TOLD YOU HAD:

	YES	NO
Hypertension		
Heart Disease		
Allergies/Asthma		
Bronchitis or Emphysema		
Difficulty Breathing		
Lung Disease/Pneumonia		
Pleurisy		
Heavy smoker		
Heavy Drinker of Alcohol		
Frequent Colds - Sinusitis		
Difficulty Using A Respirator		
Frequent Upset Stomach		
Stroke		
Stomach Problems or Ulcer		
Frequent Diarrhea		
Disease of the Colon		
Disease of the Rectum		
Frequent Cough		
Difficulty Sleeping		

Do you use regular medicine or take drugs?  
IF YES, STATE REASON FOR TREATMENT

Have you ever had Cancer in any form?  
IF YES, EXPLAIN

Have you ever had any serious illness?  
IF YES, STATE DISEASE AND EXPLAIN

LIST ANY PRESENT HEALTH PROBLEMS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

FIG 4-5.

Medical history of employee as pertains to asbestos exposure.

AIRBORNE CONCENTRATIONS OF ASBESTOS FIBERS  
EMPLOYEE OCCUPATIONAL EXPOSURE

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee No: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Plant Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of initial work with airborne concentrations of asbestos fibers \_\_\_\_\_  
Termination date: \_\_\_\_\_

- (Please check)
- 1. Physical examinations  
   a. pre-placement \_\_\_\_\_ Date: \_\_\_\_\_
  - 2. Annual \_\_\_\_\_ Date: \_\_\_\_\_
  - 3. Termination \_\_\_\_\_ Date: \_\_\_\_\_

I have been informed by my employer ( \_\_\_\_\_ ) of the health effects of Asbestos exposure and the relationship between Asbestos and smoking in producing lung cancer.

Informant's signature \_\_\_\_\_ Employee's signature \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

FIG 4-3.  
Form stating employee has been informed of asbestos exposure and of the relationship between asbestos and smoking in causing cancer.