

Exposure History Form

Part I: General Information

A: Identifying information

Name (Last, first, middle): _____

Date of birth (month, day, year): _____

Today's date (month, day, year): _____

B: Your current or most recent job

Job title: _____ Type of industry: _____

Job description (please describe what you do in your job):

Date (month/day/year) that you started your current position: _____

Last date (month/day/year) that you worked in your current position: _____

Hours that you work a week: _____

What would you say are the riskiest parts of your current job?

What kind of hazard protections (e.g., general ventilation, local exhaust ventilation, personal protective equipment) are available to you at your job, and how well do they seem to work?

C: Your past employment history, beginning with the job just before your current job
 (include all full-time, part-time, and seasonal jobs as well as any military experience)

Date started	Date ended	Hours per week	Job Title	Job Description

What would you consider to be your riskiest past job, and why?

D: Work-related injuries and illnesses

Have you ever been advised to change jobs or work assignments because of any workplace hazards, health problems, or injuries? yes no

If yes, please explain: _____

Have you ever had a work-related injury or illness at any job? yes no

If so, please explain:

Injury or illness	Date of the injury or date that the illness was diagnosed	Amount of time lost	Worker compensation? (yes / no)

Part II: Exposure History

A: If you think that you now have, or have ever had, significant exposures to any of the following, either at work or away from work, fill in the circle next to the hazard(s). Check all that apply. (If you are not sure whether your exposure is significant, just fill in the circle anyway.)

<p><input type="radio"/> Dusts or fumes</p> <ul style="list-style-type: none"> <input type="radio"/> Asbestos <input type="radio"/> Metal fumes from welding <input type="radio"/> Plastic fumes <input type="radio"/> Fiberglass <input type="radio"/> Silica <input type="radio"/> Talc <input type="radio"/> Generic dust <input type="radio"/> Vehicle exhaust <input type="radio"/> Other dusts or fumes: _____ 	<p><input type="radio"/> Elements or metals</p> <ul style="list-style-type: none"> <input type="radio"/> Aluminum <input type="radio"/> Arsenic <input type="radio"/> Cadmium <input type="radio"/> Chromium <input type="radio"/> "Hard metal" <input type="radio"/> Lead <input type="radio"/> Mercury <input type="radio"/> Nickel <input type="radio"/> Other elements or metals: _____ 	<p><input type="radio"/> Solvents</p> <ul style="list-style-type: none"> <input type="radio"/> Alcohols or glycols <input type="radio"/> Glycol ethers <input type="radio"/> Benzene, xylene, or toluene <input type="radio"/> Carbon tetrachloride <input type="radio"/> Paint or varnish <input type="radio"/> Petroleum ether <input type="radio"/> Trichloroethylene <input type="radio"/> Tetrachloroethylene <input type="radio"/> Other solvents: _____
<p><input type="radio"/> Other chemicals</p> <ul style="list-style-type: none"> <input type="radio"/> Acids <input type="radio"/> Ammonia <input type="radio"/> Other alkalis (caustics) <input type="radio"/> Soaps <input type="radio"/> Dyes <input type="radio"/> Formaldehyde <input type="radio"/> Plastic resins <input type="radio"/> Pesticides <input type="radio"/> Perfumes <input type="radio"/> Adhesives or glues <input type="radio"/> Isocyanates <input type="radio"/> Enzymes <input type="radio"/> Other chemicals: _____ 	<p><input type="radio"/> Biological agents/hazards/stressors</p> <ul style="list-style-type: none"> <input type="radio"/> HIV <input type="radio"/> Hepatitis B or hepatitis C <input type="radio"/> Other sexually transmitted diseases <input type="radio"/> Tuberculosis <input type="radio"/> Bacteria used in industry <input type="radio"/> Organisms in laboratories <input type="radio"/> Other bacteria or viruses <input type="radio"/> Fungi (including molds) <input type="radio"/> Plants <input type="radio"/> Animal bites or stings <input type="radio"/> Animal-transmitted diseases <input type="radio"/> Other biological agents/hazards: _____ 	<p><input type="radio"/> Physical agents/hazards/stressors</p> <ul style="list-style-type: none"> <input type="radio"/> Excessive heat <input type="radio"/> Excessive cold <input type="radio"/> Excessive dampness <input type="radio"/> Excessive dryness <input type="radio"/> Excessive vibration <input type="radio"/> Excessive noise <input type="radio"/> Inadequate lighting <input type="radio"/> Electricity <input type="radio"/> Machinery <input type="radio"/> Medical radiation (e.g., X-rays or CT scans) <input type="radio"/> Other ionizing radiation <input type="radio"/> Nonionizing radiation <input type="radio"/> Nanomaterials <input type="radio"/> Shift work <input type="radio"/> Other physical hazards: _____
<p><input type="radio"/> Ergonomic stressors</p> <ul style="list-style-type: none"> <input type="radio"/> Excessive lifting <input type="radio"/> Excessive bending <input type="radio"/> Excessive twisting <input type="radio"/> Repetitive motions <input type="radio"/> Poorly designed equipment <input type="radio"/> Poorly designed workplace <input type="radio"/> Other ergonomic hazards: _____ 	<p><input type="radio"/> Psychological stressors</p> <ul style="list-style-type: none"> <input type="radio"/> Intimidation or harassment <input type="radio"/> Emotional stress <input type="radio"/> Fear of injury, illness, or death <input type="radio"/> Unreasonable work demands <input type="radio"/> Other psychological hazards: _____ 	<p><input type="radio"/> Other agents/hazards/stressors</p> <ul style="list-style-type: none"> <input type="radio"/> Physical abuse <input type="radio"/> Sexual abuse <input type="radio"/> Incidents of violence <input type="radio"/> Offensive odors <input type="radio"/> Inadequate accommodation for disabilities <input type="radio"/> Other: _____

B: For each yes answer, please go to the hazard-characterization pages and answer the questions there about each hazard.

Part III: Other Work-related Questions

- 1. Do you shower before leaving work? O yes O no

- 2. Can you smell the chemical or chemicals that you use at work? O yes O no

- 3. Have you noticed any problems with ventilation at work? O yes O no

- 4. Have you had any problems with your personal protective equipment (PPE)? O yes O no

- 5. Do you eat at work? O yes O no
 - a. In a special eating area away from your work exposures? O yes O no
 - b. In your work area? O yes O no

- 6. Do your symptoms seem to get worse after a specific activity? O yes O no
If so, please explain: _____

- 7. When are your symptoms the worst? O at the beginning of your work shift
O at the end of your work shift
O at home?
O no relationship to when I work
O other (specify): _____

- 8. When do your symptoms bother you the least? O at the beginning of your work shift
O at the end of the work shift
O on weekends
O on vacation
O no relationship to my work
O other (specify): _____

- 9. Has anything in your work changed recently? O yes O no
If so, please explain: _____

- 10. Are any of your co-workers having similar or unusual symptoms? O yes O no

Part IV: Health Behaviors and Environmental Exposures

1. Are your work clothes laundered at home? yes no
2. Are any of your family members having similar or unusual symptoms? yes no
3. Has there been a change in the health or behavior of your family pets? yes no
4. Do you currently smoke? yes no
- a. At work, in a special smoking area away from your work exposures? yes no
- b. In your work area? yes no
- d. If yes to any of the above, how much do you smoke? packs/day for years
5. Have you smoked in the past? yes no
- If so, how much did you smoke? packs/day for years
- If you smoked in past but no longer smoke, what year did you quit?
6. Are you exposed to secondhand smoke at the workplace? yes no
7. Are you exposed to secondhand smoke outside the workplace? yes no
8. Do you have a working carbon-monoxide detector in your home? yes no
9. Have you ever eaten from unglazed ceramic foodware? yes no
10. Do you use any traditional, herbal, or alternative medicines? yes no
- If so, please list them: _____
- _____
- _____
11. Do you live next to or near any of the following?
- a. An industrial plant? yes no
- b. A commercial business? yes no
- c. A dump site? yes no
- d. A nonresidential property? yes no
12. Which of the following do you have in your home?
- steam or hot-water central heating gas central heating oil central heating
- gas stove electric stove wood stove coal stove
- electric fireplace wood-burning fireplace coal-burning fireplace
- air conditioner air purifier humidifier

13. Have you recently acquired new furniture or carpet, refinished furniture, remodeled, or weatherized your home? yes no
14. Where you get your drinking and cooking water?
 municipal (city) water supply
 well
 commercial source (e.g., bottled water)
 other (explain): _____
15. Approximately what year was your house built? _____
16. Are you aware of any old lead paint at home, at work, or in places where you spend a significant amount of time? yes no
17. Does your house have a basement? yes no
18. Has your house been tested for radon? yes no
a. If so, do you know whether the radon level was elevated? yes no
b. If your radon level was elevated, have you corrected the problem? yes no
19. Are pesticides or herbicides (bug or weed killers or flea or tick sprays, collars, powders, or shampoos) used in your house or garden or on pets? yes no
20. Does your house have an attached garage? yes no
21. Do you work on your car? yes no
22. Do you garden? yes no
23. What hobbies do you have? _____

24. Do you have any other comments about your exposures at work or away from work?

Hazard-characterization pages (for entering more information about each hazard that you checked)

1. **Hazard from list:** _____
2. **Specific hazard (e.g., name of chemical):**

3. **Where exposed:**
 - At work
 - At home
 - Elsewhere (specify): _____
4. **Form of hazard:**
 - Solid
 - Liquid
 - Gas
 - Aerosol (e.g., mist, fume, smoke, dust)
5. **How exposed:**
 - Inhalation (breathing)
 - Contact with clothing or skin
 - Ingestion (eating or drinking)
 - Other
6. **When exposed:**
 - a. Beginning date: _____
 - b. Ending date: _____
7. **How many hours** during each day: _____
8. How would you grade your exposure?
 - Light
 - Moderate
 - Heavy
9. Any **protection** used:
 - General ventilation
 - Local exhaust ventilation
 - Respirator
 - Gloves
 - Other (specify): _____
10. Any **suspected effects on your health:**

11. If applicable, has **environmental sampling** been conducted for this hazard? O yes O no
12. Any **other comments:**

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