

Exposure History Form

Part 1. Exposure Survey

Name:

Date:

Please select the appropriate answer.

Birth date:

Sex (select one): Male

Female

1.	Are you currently exposed to any of the following?			
	metals	no	yes	
	dust or fibers	no	yes	
	chemicals	no	yes	
	fumes	no	yes	
	radiation	no	yes	
	biologic agents	no	yes	
	loud noise, vibration, extreme heat or cold	no	yes	
2.	Have you been exposed to any of the above in the past?	no	yes	
3.	Do any household members have contact with metals, dust, fibers, chemicals, fumes, radiation, or biologic agents?	no	yes	

If you answered *yes* to any of the items above, describe your exposure in detail—how you were exposed, to what you were exposed, how much, how often, and how long you were exposed?

4.	Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to?	no	yes	→	If yes, list them below
5.	Do you get the material on your skin or clothing?	no	yes		
6.	Are your work clothes laundered at home?	no	yes		
7.	Do you shower at work?	no	yes		
8.	Can you smell the chemical or material you are working with?	no	yes		If yes, list the protective equipment used
9.	Do you use protective equipment such as gloves, masks, respirator, or hearing protectors?	no	yes	→	
10.	Have you been advised to use protective equipment?	no	yes		
11.	Have you been instructed in the use of protective equipment?	no	yes		

Part 2. Work History

A. Occupational Profile

The following questions refer to your current or most recent job: Describe this job:

Job title:

Type of industry: _____

Name of employer:

Date job began:

Are you still working in this job? yes no

If *no*, date job ended?

Fill in the table below listing all jobs you have worked including short-term, seasonal, part-time employment, and military service. Begin with your most recent job.

Dates of Employment	Job Title and Description of Work	Exposures*	Protective Equipment

*List the chemicals, dusts, fibers, fumes, radiation, biologic agents (i.e., molds or viruses) and physical agents (i.e., extreme heat, cold, vibration, or noise) that you were exposed to at this job.

Have you ever worked at a job or hobby in which you came in contact with any of the following by breathing, touching, or ingesting (swallowing)? If *yes*, please select beside the name.

- | | | | |
|--|---|--|---|
| <input type="radio"/> Acids | <input type="radio"/> Chloroprene | <input type="radio"/> Methylene chloride | <input type="radio"/> Styrene |
| <input type="radio"/> Alcohols (industrial) | <input type="radio"/> Chromates | <input type="radio"/> Nickel | <input type="radio"/> Talc |
| <input type="radio"/> Alkalies | <input type="radio"/> Coal dust | <input type="radio"/> PBBs | <input type="radio"/> Toluene |
| <input type="radio"/> Ammonia | <input type="radio"/> Dichlorobenzene | <input type="radio"/> PCBs | <input type="radio"/> TDI or MDI |
| <input type="radio"/> Arsenic | <input type="radio"/> Ethylene dibromide | <input type="radio"/> Perchloroethylene | <input type="radio"/> Trichloroethylene |
| <input type="radio"/> Asbestos | <input type="radio"/> Ethylene dichloride | <input type="radio"/> Pesticides | <input type="radio"/> Trinitrotoluene |
| <input type="radio"/> Benzene | <input type="radio"/> Fiberglass | <input type="radio"/> Phenol | <input type="radio"/> Vinyl chloride |
| <input type="radio"/> Beryllium | <input type="radio"/> Halothane | <input type="radio"/> Phosgene | <input type="radio"/> Welding fumes |
| <input type="radio"/> Cadmium | <input type="radio"/> Isocyanates | <input type="radio"/> Radiation | <input type="radio"/> X-rays |
| <input type="radio"/> Carbon tetrachloride | <input type="radio"/> Ketones | <input type="radio"/> Rock dust | <input type="radio"/> Other (specify) |
| <input type="radio"/> Chlorinated naphthalenes | <input type="radio"/> Lead | <input type="radio"/> Silica powder | |
| <input type="radio"/> Chloroform | <input type="radio"/> Mercury | <input type="radio"/> Solvents | |

