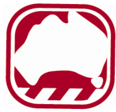
 safe work australia

Health Monitoring Report
ASBESTOS

APPENDIX 1

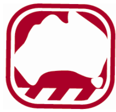
This health monitoring report is a confidential health record and must not be disclosed to another person except in accordance with the Work Health and Safety Regulations or with the consent of the worker.

1. PERSON CONDUCTING A BUSINESS OR UNDERTAKING		
Company / Organisation name:		
Site address:	Suburb:	Postcode:
Site Tel:	Site Fax:	Contact Name:
2. OTHER BUSINESSES OR UNDERTAKINGS ENGAGING THE WORKER		
Company / Organisation name:		
Site address:	Suburb:	Postcode:
Site Tel:	Site Fax:	Contact Name:

3. WORKER		(✓) all relevant boxes
Surname:	Given names:	
Date of birth: DD/MM/YYYY	☐ Male	☐ Female
Home Address:	Suburb:	Postcode:
Current Job:	Tel(h):	Mobile:
Date examined: DD/MM/YYYY	Length of employment: YEARS/MONTHS	

4. WORK TASKS / ENVIRONMENT	(✓) all relevant boxes
Before this work, did you work in any other dusty environment or in a job with exposure to asbestos?	☐ Yes ☐ No

5. OCCUPATIONAL HISTORY			
	Date e.g. 2004-2011	**PCBU and occupation(s)**	Note any exposures to dust, fibres, mists, fumes, chemicals
1.			
2.			
3.			
4.			
5.			



6. QUESTIONS ABOUT PRESENT WORK

(✓) all relevant boxes

1. ☐ How many years have you worked at your present work? __________ years
2. ☐ How many days per week do you usually work? __________ days
3. ☐ How many hours per day do you usually work? __________ hours

4. In what types of work/tasks are you exposed to asbestos?	Hours per week

5. Do you ever wear breathing protection at work? ☐ Yes ☐ No ☐ Sometimes
6. How many years have you used breathing protection? __________ years
7. Do you wear equipment and clothing as protection against asbestos? **Circle answer**.

	Never	**Occasionally** (<50% of the time)	**Sometimes** (50-79% of the time)	**Usually** (80-100% of the time)
Hand	1	2	3	4
Body	1	2	3	4
Eyes	1	2	3	4
Respiratory	1	2	3	4

8. What equipment/clothing do you use as protection against asbestos exposure?

Hand/s:

Body:

Eyes:

Respiratory:

9. Do you wear disposable protective garments?

☐ Yes How are they disposed of?

☐ No Are asbestos fibres vacuumed from work clothes with an asbestos vacuum cleaner with a HEPA filter and footwear wet wiped prior to leaving the asbestos work area?

☐ Yes ☐ No

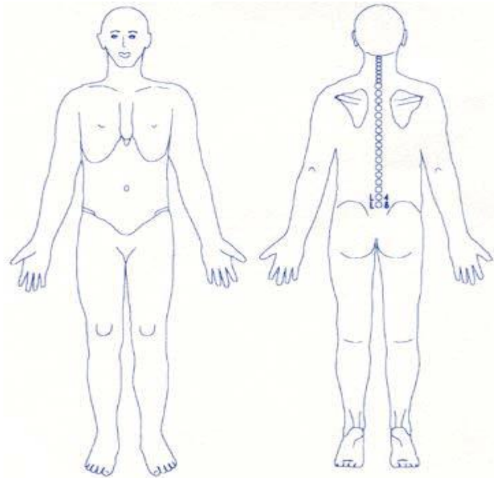
Are clothes washed separately at work in a dedicated washing machine?

☐ Yes ☐ No

10. What equipment/clothing do you use as protection against asbestos exposure?

7. MEDICAL EXAMINATION

Physical examination with emphasis on respiratory system (Mark in abnormalities)



1. Respiratory: Normal / crackles / wheeze
2. BP _____________ / _______________ mm Hg
3. Age: _________ years Weight: _________ kgs Height _________ cms BMI: _________
4. Date of last volume calibration: DD/MM/YYYY
5. Temperature: _________ °C
6. At least 3 technically acceptable manoeuvres should be obtained with the highest and second highest FEV_1 and FVC within 0.15 L (within 0.100 L for those with an FVC of equal to or less than 1.0 L)*.

   * Miller MR, Hankinson J, Brusasco V, Burgos F, Casaburi R, Coates A, Crapo R, Enright P, van der Grinten CPM, Gustafsson P, Jensen R, Johnson DC, MacIntyre N, McKay R, Navajas D, Pedersen OF, Pellegrino R, Viegi G, Wanger J, 'Standardisation of spirometry', Series "ATS/ERS Task Force: Standardisation of Lung Function Testing", Brusasco V, Crapo R, Viegi G (eds), Number 2 in this series, *Eur Respir J*, vol 26, pp 319-338, 2005. http://www.thoracic.org/statements/resources/pfet/PFT2.pdf.

   Use best result for FEV_1 and FVC, even if from different tests.

		% Predicted
FEV_1		
FVC		
FEV_1/FVC%		

☐ Normal ☐ Abnormal

Comments

8. RESULTS / RECOMMENDATIONS	(✓) all relevant boxes
1. Is appropriate PPE used for all jobs?	☐ Yes ☐ No
2. Respiratory symptoms	☐ Yes ☐ No
3. Adequate workplace controls in place	☐ Yes ☐ No
4. Medical counselling required	☐ Yes ☐ No
5. Remove from exposure	☐ Yes ☐ No
6. Follow-up medical examination	On DD/MM/YYYY
7. Referral to Medical Specialist Specialist's name:	On DD/MM/YYYY
8. ☐ Control of exposure may not be adequate – recommend a review of work practices	
9. Respiratory questionnaire completed and reviewed? Add comments/recommendations below	☐ Yes ☐ No

Additional comments and/or recommendations arising from health monitoring

Medical Practitioner (responsible for supervising health monitoring)

Name:	Signature	Date DD/MM/YYYY
Tel: ( )	Fax:	Registration Number:
Medical Practice		
Address:	Suburb:	Postcode:

APPENDIX 2

Questionnaire based on the MRC (UK) Respiratory Questionnaire 1986, which has been extensively validated. This questionnaire can be completed by the worker at home. Additional questions have been added to cover clinical aspects of bronchial hyper-responsiveness validated by the Department of Occupational and Environmental Medicine, National Lung Institute[1].

The British Occupational Health Research Foundation (BOHRF)[2] concluded that in the clinical setting, questionnaires that identify symptoms of wheeze and/or shortness of breath which improve on days away from work or on holidays have a high sensitivity, but relatively low specificity for occupational asthma.

Preamble

Following are questions, mainly about your chest. Answer **yes** or **no** whenever possible.

If you are disabled from walking from any condition other than heart and lung disease, please begin questionnaire at **Question 5** and mark the adjacent box.

BREATHLESSNESS AND WHEEZING		
During the last month:		
1. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	☐ Yes	☐ No
2. **If Yes to 1 -** Do you get short of breath walking with other people of your age on level ground?	☐ Yes	☐ No
3. **If Yes to 2** - Do you have to stop for breath when walking at your own pace on level ground?	☐ Yes	☐ No
4. If you run, or climb stairs fast do you ever		
a. cough?	☐ Yes	☐ No
b. wheeze?	☐ Yes	☐ No
c. get tight in the chest?	☐ Yes	☐ No
5. Is your sleep ever broken		
a. by wheeze?	☐ Yes	☐ No
b. difficulty in breathing?	☐ Yes	☐ No
6. Do you ever wake up in the morning (or from your sleep if a shift worker)		
a. with wheeze?	☐ Yes	☐ No
b. difficulty with breathing?	☐ Yes	☐ No

[1] Venables KM, Farrer N, Sharp L, Graneek BJ, Newman Taylor AJ, 'Respiratory Symptoms Questionnaire for Asthma Epidemiology: Validity and Reproducibility', *Thorax*, vol 48, pp 214-219, 1993.

[2] The British Occupational Health Research Foundation (BOHRF), *Guidelines for Prevention, Identification and Management of Occupational Asthma: Evidence Review and Recommendations*, London 2004. www.bohrf.org.uk

7. Do you ever wheeze
   a. if you are in a smoky room? ☐ Yes ☐ No
   b. if you are in a very dusty place? ☐ Yes ☐ No

8. **If Yes to either Q5, Q6, Q7** - Are your symptoms better
   a. at weekends (or equivalent if shift worker)? ☐ Yes ☐ No
   b. when you are on holidays? ☐ Yes ☐ No

   If **Yes to Question 8**, please record details of any occupational exposure to respiratory hazards e.g. isocyanates, wood dust, aluminium pot room or asbestos, in **Additional notes** at the end of this questionnaire.

COUGH

9. Do you usually cough first thing in the morning in winter? ☐ Yes ☐ No

10. Do you usually cough during the day/ or at night / in the winter? ☐ Yes ☐ No

11. **If Yes to Q9 or Q10** – Do you cough like this on most days for as much as three months each year? ☐ Yes ☐ No

PHLEGM

12. Do you usually bring up phlegm from your chest first thing in the morning in winter? ☐ Yes ☐ No

13. Do you usually bring up any phlegm from your chest during the day / or at night / in winter? ☐ Yes ☐ No

14. **If Yes to Q12 or Q13** – Do you bring up phlegm like this on most days for as much as three months each year? ☐ Yes ☐ No

PERIODS OF COUGH AND PHLEGM

15. In the past three years, have you had a period of (increased) cough and phlegm lasting for three weeks or more? ☐ Yes ☐ No

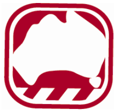
16. **If Yes to Q15** – Have you had more than one such episode? ☐ Yes ☐ No

CHEST ILLNESSES

17. During the past three years, have you had any chest illness that has kept you from your usual activities for as much as a week? ☐ Yes ☐ No

18. **If Yes to Q17** – Did you bring up more phlegm than usual in any of these illnesses? ☐ Yes ☐ No

19. **If Yes to Q18** – Have you had more than one illness like this in the past three years? ☐ Yes ☐ No

 safe work australia

Health Monitoring Report
ASBESTOS
Respiratory Questionnaire

PAST ILLNESSES

20. Have you ever had, or been told that you have had any of the following?

a. An injury, or operation affecting your chest?	☐ Yes	☐ No
b. Heart problems?	☐ Yes	☐ No
c. Bronchitis?	☐ Yes	☐ No
d. Pneumonia?	☐ Yes	☐ No
e. Pleurisy?	☐ Yes	☐ No
f. Asthma?	☐ Yes	☐ No
g. Other chest trouble?	☐ Yes	☐ No
h. Hay fever?	☐ Yes	☐ No

TOBACCO SMOKING

21. Do you smoke? ☐ Yes ☐ No

If No to Q21 –

22. Have you ever smoked as much as one cigarette a day for as long as one year?
☐ Yes ☐ No

23. How old were you when you started smoking regularly? ____________

24. a. Do (did) you smoke manufactured cigarettes? ☐ Yes ☐ No

If Yes to Q24a: How many do (did) you usually smoke per day? ____________

b. on weekdays? ____________

c. at weekends? ____________

25. Do(did) you smoke any other forms of tobacco? ☐ Yes ☐ No

If Yes to Q25, record details under Additional notes

FOR EX-SMOKERS

26. When did you give up smoking altogether? Month __________Year ____________

Additional notes: