# PERIODIC HEALTH EVALUATION
# NAVY ASBESTOS MEDICAL SURVEILLANCE PROGRAM
# HISTORY AND PHYSICAL EXAMINATION

Sections 133, 1071-87-3012, 5031 and 8012, Title 10 USC & Exec. Order 9397 (Privacy Act of 1974) Apply
USE HARD TIPPED PEN & PRESS FIRMLY, LEGIBLE COPY REQUIRED FOR DATA ENTRY



CONTROL NO. (For NEHC Use Only)

**RETAIN ORIGINAL IN HEALTH RECORD**
Send Copy to: Commanding Officer
NAVY ENVIRONMENTAL HEALTH CENTER
2510 Walmer Avenue, Norfolk, VA 23513-2617

EXAMINATION FACILITY NAME

UIC

## SECTION 1

NAME (Last, First, MI)

SEX ☐ M ☐ F

SOCIAL SECURITY NO. ☐☐☐-☐☐-☐☐☐☐

DATE OF BIRTH YR ☐☐ MO ☐☐ DAY ☐☐

RACE (Check one)
☐ White ☐ Asian
☐ Black ☐ Indian
☐ Hispanic ☐ Other

STATUS (Check one)
☐ Navy ☐ Air Force
☐ Marines ☐ Army
☐ Coast Guard ☐ Civilian

MILITARY ONLY
PAY GRADE ☐☐
ENLISTED RATING/MOS ☐☐☐
OFFICERS NOBC ☐☐☐☐
NEC ☐☐☐☐
DESIGNATOR ☐☐☐☐

EXAM PURPOSE
☐ INITIAL ☐ PERIODIC ☐ TERMINATION

YRS. GOV'T SERVICE ☐☐

AVERAGE NO. HOURS WORKED PER WEEK: (FOR AT LEAST SIX MONTHS)
☐ 30 OR LESS ☐ MORE THAN 30

OCCUPATIONAL CODE (CIVILIAN) ☐☐-☐☐☐☐

SHIPBOARD PERSONS ONLY
SHIP HULL NO. ☐☐☐☐ LETTERS ☐☐☐☐ NUMBERS

## SECTION 2: Respiratory Questionnaire

1. **Are you currently exposed to asbestos in your job?** *(Check one only).*
   ☐ NEVER/NO known previous or current exposure
   ☐ NO Known current exposure, but have had prior exposure
   ☐ YES, DIRECT - I work with asbestos in my job
   ☐ YES, INDIRECT - I work in an area where asbestos is used
   ☐☐ Age when first exposed
   ☐☐ Age when exposure stopped (Use 99 if still exposed.)

2. **Are you currently exposed to respirable fibers, but NOT asbestos fibers?**
   ☐ NO ☐ YES, Name the type of fiber(s): _____

3. **In the last year have you had any chest illnesses that have kept you off work, indoors at home, in bed, or required hospitalization?**
   ☐ NO
   ☐ YES - Did you produce phlegm with any of these chest illnesses?
   ☐ Yes ☐ No
   If yes, in the last year how many such illnesses with (increased) phlegm did you have which lasted a week or more?
   ☐☐ Number of illnesses

4. **If you get a cold, does it usually go to your chest?**
   ☐ NO ☐ YES (Usually means more than half the time.)

5. **Do you have a cough?** *(Check one only.)*
   ☐ No, or not more than 2-3 times a day
   ☐ More than 2-3 times a day but not more than a total of 3 months per year, or only with colds
   ☐ More than 3 months per year

6. **Do you bring up sputum or phlegm from your chest?** *(Check one only.)*
   ☐ No, or only with colds
   ☐ One teaspoon in morning, more than 3 mos/yr
   ☐ More than one teaspoon, but less than ½ cup a day, more than 3 mos/yr
   ☐ More than ½ cup a day for more than 3 months per year

7. **How long have you had trouble with cough and/or sputum?** *(Check one only.)*
   ☐ No trouble ☐ 3 months to 1 year
   ☐ Less than 3 months ☐ 1-5 years
   ☐ More than 5 years

8. **Do you have chest wheezing?** *(Check one only.)*
   ☐ NO ☐ Rarely, or with colds ☐ Frequently, without colds

9. **Do you have shortness of breath?** *(Check one only.)*
   ☐ No
   ☐ Yes, only when hurrying on level ground or walking up a hill or with 1-2 flights of stairs
   ☐ Yes, must walk slower than a person of my own age on level ground or get short of breath after one flight of stairs
   ☐ Yes, must stop for breath when walking at own pace on level ground
   **If yes,** how long have you had shortness of breath? *(Check one only.)*
   ☐ Less than 3 months ☐ 3 months to 1 year
   ☐ 1-5 years ☐ More than 5 years

10. **Have you ever been told by a physician that you have any of the following?** *(Check each.)*

| | NO | YES | | NO | YES |
|---|---|---|---|---|---|
| Asbestosis | ☐ | ☐ | Emphysema | ☐ | ☐ |
| Asthma | ☐ | ☐ | Heart Disease | ☐ | ☐ |
| Black Lung | ☐ | ☐ | Lung Cancer | ☐ | ☐ |
| Bronchitis | ☐ | ☐ | Silicosis | ☐ | ☐ |

   Name other lung problems: _____

11. **Have you ever had chest surgery?** ☐ NO ☐ YES

12. **Have you ever smoked cigarettes?**
   ☐ NO ☐ YES - Average you now smoke, or previously smoked?
   **If yes,** *(Check one only.)*
   ☐ Less than 1 pack/day (< 20 cigarettes)
   ☐ 1 pack/day (20-24 cigarettes)
   ☐ 1.5 packs/day (25-34 cigarettes)
   ☐ 2 packs/day (35-44 cigarettes)
   ☐ More than 2 packs/day (> 44 cigarettes)

13. **Do you now smoke cigarettes?** ☐ NO ☐ YES

14. ☐☐ Age (in years) you started smoking cigarettes
    Insert (00) if never smoked.

15. ☐☐ Age (in years) when you stopped smoking cigarettes
    Insert (99) if still a smoker.

16. **Have you ever smoked a pipe or cigars?** ☐ NO ☐ YES

17. **Do you now smoke a pipe or cigars?** ☐ NO ☐ YES

Interviewer: _____ Date: YR ☐☐ MO ☐☐ DA ☐☐

## SECTION 3: Physical Examination

WEIGHT ☐☐☐ POUNDS

HEIGHT ☐☐ INCHES

SPIROMETRY (BTPS IN LITERS)
☐.☐☐ FVC
☐.☐☐ $FEV_1$

Rales or crackles in lungs
☐ None
☐ Localized late inspiratory
☐ Bilateral late inspiratory
☐ Expiratory only
☐ Other

Wheezes (check one)
☐ None
☐ Common and diffuse
☐ Occasional and diffuse
☐ Localized

OTHER EXAM FINDINGS:

EXAMINER:

DATE: YR ☐☐ MO ☐☐ DA ☐☐