

**NAVY ASBESTOS MEDICAL SURVEILLANCE PROGRAM
HISTORY AND PHYSICAL EXAMINATION**

CONTROL NO. (for NMCPHC Use Only)

COMPLETE USING COMPUTER OR PEN
(printed or electronic copy must be placed into worker's health record)

| | | | | | | | |
|--|--|---|---|---------------|---|-----------------------------|--------------------------|
| SECTION 1 | Controlled by: Navy and Marine Corps Force Health Protection Command Occupational and Environmental Medicine | | EXAMINATION FACILITY NAME | | | UIC (FACILITY ID) | |
| | NAME (LAST or SURNAME) (FIRST) (MI) | | WORKER SSN | | WORKER DoD ID NUMBER | | |
| | ETHNICITY (Race) | STATUS (CHECK ONE) | YRS GOV'T SRVC | GENDER M F | DATE OF BIRTH YEAR - MONTH DAY | | MILITARY ONLY: PAY GRADE |
| | White Black Hispanic Asian Native American Other | Navy Marines Coast Guard Army Air Force Civilian | OCCUPATIONAL CODE for example, (Civilian Only) GS-1234 | | ENLISTED Rating/MOS NEC | OFFICERS NOBC DESIGNATOR | |
| EXAM PURPOSE Initial Periodic Termination Situational | | AVERAGE NUMBER OF HOURS WORKED PER WEEK (FOR AT LEAST 6 MONTHS) 30 OR LESS MORE THAN 30 NA (<6 MOS) | | | SHIPBOARD ONLY: HULL LETTERS NUMBERS | | |

SECTION 2: RESPIRATORY QUESTIONNAIRE

| | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------|-----------|-------------|--------|-----------|--------------|------------|---------------|-----------|-----------------|---------------------|-----------------|------------|----------|----------------------|----------|----------------|-----------|--|--|--------------|
| <p>1. Are you currently exposed to asbestos in your job? (check one) 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 exposure stopped (enter 99 if still exposed) _____</p> <p>2. Are you currently exposed to respirable fibers, but NOT asbestos fibers, or to dust, gas, chemical vapors or fumes? NO YES</p> <p>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 If YES, did you produce phlegm with any of those chest illnesses? NO YES 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 _____</p> <p>4. If you get a cold, does it usually go to your chest? NO YES</p> <p>5. Do you have a cough? (check only one) No, or not more than 2-3 times a day More than 2-3 times a day but less than 3 months per year, or only with colds More than 3 months per year</p> <p>6. Do you bring up sputum or phlegm from your chest? (check one) No, or only with colds Yes. One teaspoon in morning, more than 3 months per year Yes. More than one teaspoon, but less than 1/2 cup a day, for more than 3 months per year Yes. More than 1/2 cup a day for more than 3 months/year</p> <p>7. How long have you had trouble with cough and/or sputum? (check only one) No trouble 3 months to 1 year More than 5 years Less than 3 months 1-5 years</p> <p>8. Do you have chest wheezing (squeaky breath sounds)? NO Rarely, or with colds Frequently, even without colds</p> | <p>9. Do you have shortness of breath? (check one) 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) Less than 3 months 3-12 months 1-5 years More than 5 years</p> <p>10. Have you ever been told by a physician that you have any of the following? (check as many as apply to you)</p> <table style="width:100%;"> <tr> <td>Asbestosis</td> <td>Emphysema</td> <td>Lung Cancer</td> </tr> <tr> <td>Asthma</td> <td>Hay Fever</td> <td>Other Cancer</td> </tr> <tr> <td>Black Lung</td> <td>Heart Disease</td> <td>Pneumonia</td> </tr> <tr> <td>Bladder Disease</td> <td>High Blood Pressure</td> <td>Rheumatic Fever</td> </tr> <tr> <td>Bronchitis</td> <td>Jaundice</td> <td>Seizures or Epilepsy</td> </tr> <tr> <td>Diabetes</td> <td>Kidney Disease</td> <td>Silicosis</td> </tr> <tr> <td></td> <td></td> <td>Tuberculosis</td> </tr> </table> <p>11. Have you ever had chest surgery? NO YES</p> <p>12. Have you ever smoked cigarettes? NO YES If YES: How much is the most you smoked? 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) Age (in years) you started smoking cigarettes _____ Do you now smoke cigarettes? NO YES If NO, age (in years) you stopped smoking cigarettes _____</p> <p>13. Have you ever regularly smoked a pipe or cigars? NO YES</p> <p>14. Do you now smoke a pipe or cigars? NO YES</p> | Asbestosis | Emphysema | Lung Cancer | Asthma | Hay Fever | Other Cancer | Black Lung | Heart Disease | Pneumonia | Bladder Disease | High Blood Pressure | Rheumatic Fever | Bronchitis | Jaundice | Seizures or Epilepsy | Diabetes | Kidney Disease | Silicosis | | | Tuberculosis |
| Asbestosis | Emphysema | Lung Cancer | | | | | | | | | | | | | | | | | | | | |
| Asthma | Hay Fever | Other Cancer | | | | | | | | | | | | | | | | | | | | |
| Black Lung | Heart Disease | Pneumonia | | | | | | | | | | | | | | | | | | | | |
| Bladder Disease | High Blood Pressure | Rheumatic Fever | | | | | | | | | | | | | | | | | | | | |
| Bronchitis | Jaundice | Seizures or Epilepsy | | | | | | | | | | | | | | | | | | | | |
| Diabetes | Kidney Disease | Silicosis | | | | | | | | | | | | | | | | | | | | |
| | | Tuberculosis | | | | | | | | | | | | | | | | | | | | |

SECTION 3: PHYSICAL EXAMINATION

| | | | | | |
|---|-----------------------------|----------------------------|------------------------|----------------------|-----------------------|
| WEIGHT | SPIROMETRY (BTPS IN LITERS) | RALES / CRACKLES | WHEEZES | OTHER FINDINGS | |
| POUNDS | · | None | None | Rhinorrhea | Pedal edema |
| HEIGHT | FVC | Localized late inspiratory | Common and diffuse | Mucosal inflammation | Reduced breath sounds |
| INCHES | FEV ₁ | Bilateral late inspiratory | Occasional and diffuse | Cardiac/pleural rub | Dyspnea |
| | | Expiratory only | Localized | Cardiac gallop | Jugular distention |
| | | Other | | Clubbing/cyanosis | Ascites/tenderness |
| EXAMINER | | | | | DATE |
| FORWARD TO NMCFHPC electronically. Email for instructions: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-amsp@health.mil | | | | | YEAR MONTH DAY |