

NAVY ASBESTOS MEDICAL SURVEILLANCE PROGRAM HISTORY AND PHYSICAL EXAMINATION

FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE: Any misuse or unauthorized disclosure of this information may result in criminal and civil penalties.

CONTROL NO. (for NMCPHC Use Only)

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

Copy: Navy and Marine Corps Public Health Center 620 John Paul Jones Cir Ste 1100, Portsmouth, VA 23708-2111 or to NMCPHC-AMSP@med.navy.mil		EXAMINATION FACILITY NAME		UIC (FACILITY ID)	
NAME (LAST or SURNAME) (FIRST) (MI)		WORKER SSN		WORKER DoD ID NUMBER	
SECTION 1	ETHNICITY (Race)	STATUS (CHECK ONE)	YRS GOV'T SRVC	GENDER M F	DATE OF BIRTH YEAR - MONTH DAY
	White	Navy			MILITARY ONLY: PAY GRADE
	Black	Marines			
	Hispanic	Coast Guard			
Asian	Army	OCCUPATIONAL CODE for example, (Civilian Only) GS-1234		ENLISTED Rating/MOS	OFFICERS NOBC DESIGNATOR
Native American	Air Force				
Other	Civilian				
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 border="0"> <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:</p> <div style="border: 1px solid black; padding: 5px;"> <p>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> </div> <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 POUNDS	SPIROMETRY (BTPS IN LITERS)	RALES / CRACKLES	WHEEZES	OTHER FINDINGS	
HEIGHT INCHES	FVC FEV ₁	None Localized late inspiratory Bilateral late inspiratory Expiratory only Other	None Common and diffuse Occasional and diffuse Localized	Rhinorrhea Mucosal inflammation Cardiac/pleural rub Cardiac gallop Clubbing/cyanosis	Pedal edema Reduced breath sounds Dyspnea Jugular distention Ascites/tenderness
				EXAMINER	Hepato/splenomegaly Abdominal mass Jaundice DATE YEAR MONTH DAY