

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
RESPIRATORY SENSITIZER QUESTIONNAIRE

Privacy Act Statement

The collection and use of this information is authorized by 5 U.S.C. 7901, 5 U.S.C. 339, 5 U.S.C. 301, 10 U.S.C. §1074, 14 U.S.C. § 93 (a) (17), 29 C.F.R. § 1630.14, and Executive order 12196. The information will become part of the official Employee Medical File, and will be used to assist the Coast Guard in carrying out its occupational health services responsibilities and for other official purposes and routine uses as described in Privacy Act systems notice OPM/GOVT-10. Mandatory for Military Personnel. Providing the requested information is voluntary for civilian employees. Not providing the information may affect the availability and quality of the health services rendered to the employee and may also affect the completeness of information used in making determinations of medically-related employment decisions.

Employee Last Name, First Name, Middle Initial	Date
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1. What was the month and year that you were hired by the Coast Guard?	2. What is your job title?
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3. Please describe your job duties

4. How many hours per week do you work on average?	5. In what area or areas of the plant do you work?
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6. Have there been any recent changes to your immediate work environment or processes in your worksite? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what has changed and when?

7. Do you use any of the following personal protective equipment while working or while in the work area?

	YES	NO	TYPE
a. Respirator	<input type="checkbox"/>	<input type="checkbox"/>	
b. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	
c. Protective Clothing	<input type="checkbox"/>	<input type="checkbox"/>	
d. Eye Protection	<input type="checkbox"/>	<input type="checkbox"/>	

e. Other Protective Equipment (If YES, Please describe):
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8. Has a doctor ever told you that you have any of the following?

	YES	NO	If YES, when did the doctor tell you this?
a. Asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Work-related asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Allergies from exposures at work?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Bronchitis from exposures at work?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Skin rash from exposures at work?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Hypersensitivity pneumonitis?	<input type="checkbox"/>	<input type="checkbox"/>	

9. Have you missed any days from work because of respiratory symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Have you been restricted or transferred from one job assignment to another because of respiratory symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Have you informed anyone in management or supervision of symptoms related to isocyanate or other respiratory sensitizer exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other Comments Not Covered on this Form

12. Please answer the following questions regarding symptoms.

(If **NO**, go to the next symptom. If the answer is **YES**, answer the questions across that row).

Symptom not related to a cold or infection	YES	NO	If yes, approximately what date did you first notice symptoms?	Do your symptoms occur at work?	Do your symptoms improve when you are away from work such as while on vacation or on the weekends? <i>(Describe)</i>	Do you think your symptoms are brought on by any particular work activity, chemical exposure, or work area? <i>(Describe)</i>
Cough	<input type="checkbox"/>	<input type="checkbox"/>				
Wheezing	<input type="checkbox"/>	<input type="checkbox"/>				
Watery or itchy eyes	<input type="checkbox"/>	<input type="checkbox"/>				
Nose stuffiness or itching	<input type="checkbox"/>	<input type="checkbox"/>				
Skin rash or itching	<input type="checkbox"/>	<input type="checkbox"/>				
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>				
Chest tightness	<input type="checkbox"/>	<input type="checkbox"/>				
Fever or chills	<input type="checkbox"/>	<input type="checkbox"/>				