

Asbestos Health Surveillance Report

PART ONE			
Worker Details			
Surname		First Name	
Contact Number		Gender	
Date of Birth			
PART TWO			
Employer Details			
Business Name			
Contact Surname	I	First Name	
Phone	1	Email	
PART THREE			
The Role			
Role	Technician		
Length of time the worker has been carrying out the role	3 Years		
PART FOUR			
Health Monitoring			
Date of health monitoring			
g			
PART FIVE			
Recommendation			
I certify that I have rev	iewed the health assessment 🗵 biological monito	oring for the person	on whose name appears above in Part One
\square	Is fit for asbestos risk work		
	Has received medical counseling in relation to w	vark proption and in	fit to continue cobootoe rick work
		ork practices and is	TIL LO CONTINUE ASDESTOS FISK WOLK
	Must be removed from asbestos risk work		
	Is fit to resume asbestos risk work		
	Shows symptoms or signs of having contracted risk work	a disease, injury &	In ss as a result of carrying out asbestos
	Is not fit for asbestos risk work on medical groun	nds	Y
	Shows symptoms or signs of having contracted should consult their General Practitioner	a disease, injury or	illness not related to asbestos exposure and
I recommend that the p	person conducting the business or undertaking		
	Immediately remove the worker from asbestos ri	sk work	
	Review work practices and take remedial measu	res to reduce the wo	orker's exposure to asbestos
\boxtimes	Repeat medical examination for the worker on 11 otherwise as per a risk assessment considering (default recommendation is two years), or at term	the degree of past a	nd expected future asbestos exposure
Other recommendations	Facial hair noted at assessment - ensure clean-s	haven if a mask sea	l is required.
PART Six			
Doctor Details			
Registered Medical Practitioner Details		Signature	
		Data	



The state of the s	nted: Yes No			
Section 1: Your personal details		数型指数型 医肠皮炎 医后角性		
Surname		First Name		
Address		Postcode	10 mm	
Suburb / State		Email Address	170 M 1 5 10	
Home Phone		Mobile Phone	300000	
Date of Birth		Gender	Male □Female	
Family Doctor	****	Family Doctor Phone		
Employer	No.	Site Name		
Job Role		Contact Person		Hillings
Length of Employment		Contact Phone		***********
Employer Address				
Section 2: Your employment histor	v (Please give details of curr	ent and previous work positions)		
Company	No. of Years	Job Title	Chemical Exposure	
1.	110. Of Teals	Tich	Chemical Exposure	in in man
2.				
3.				
4.				
				C TO
Castion 2: Varm bankh history		VIEW COMPANY AND		
Section 3: Your health history	Yes	No	Yes	
Q1. Have you been / are you currently any medical condition?			xposed to toxic substances or	[
Q2. Do you expect to consult a doctor receive any treatment in the near futu		Q5. Have you had trouble protective equipment, safe apparatus?		[
and an and an an and an an an and an anti-anti-and an	tal?	The state of the s		er att re-rotor
	tai:			
Q3. Have you been admitted to hospit				
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Q3. Have you been admitted to hospit If you answered ' Yes ' to any of the ab	ove please provide details:	No.)		
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Q3. Have you been admitted to hospit If you answered 'Yes' to any of the ab Dr to provide comments for any 'Ye	ove please provide details: es' responses: (reference Q			
Q3. Have you been admitted to hospit If you answered ' Yes ' to any of the ab	ove please provide details: es' responses: (reference Q u or have you ever received	I treatment or medical advice for		
Q3. Have you been admitted to hospit If you answered 'Yes' to any of the ab Dr to provide comments for any 'Ye	ove please provide details: es' responses: (reference Q			
Q3. Have you been admitted to hospit If you answered 'Yes' to any of the ab Dr to provide comments for any 'Ye Section 4: Medical History – Are yo	u or have you ever received Yes No Q8. Breat blocks	I treatment or medical advice for	Yes	1
Q3. Have you been admitted to hospit If you answered 'Yes' to any of the ab Dr to provide comments for any 'Ye Section 4: Medical History – Are yo Q6. Lung / Breathing problems	u or have you ever received Yes No Q8. Breat blocks	I treatment or medical advice for Yes Noning problems, nasal age, nose bleeds or	Q9. Skin disorders /	
Q3. Have you been admitted to hospit If you answered 'Yes' to any of the ab Dr to provide comments for any 'Ye Section 4: Medical History – Are yo Q6. Lung / Breathing problems Q7. Asthma / Hay fever / Allergies	u or have you ever received Yes No Q8. Breat blocks lump	I treatment or medical advice for Yes Noning problems, nasal age, nose bleeds or	Q9. Skin disorders /	
Q3. Have you been admitted to hospit If you answered 'Yes' to any of the ab Dr to provide comments for any 'Ye Section 4: Medical History – Are yo Q6. Lung / Breathing problems	u or have you ever received Yes No Q8. Breat blocks lump ove please provide details:	I treatment or medical advice for Yes Noning problems, nasal age, nose bleeds or	Q9. Skin disorders /	



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Name:	
ranne.	
Date:	
Date.	

Section 5:	Respiratory Questionnaire			
Oliva de la		Yes	No	Details
Cough and I	Phlegm	044-0-1470-0-4-4-16-16-16-16		2.11
Q10.	Do you usually cough first thing in the morning?			- Snown
Q11.	Do you usually cough during the day or at night?		\checkmark	- Shaw
	If 'No' go to Q18			Corns.
Q12.	Do you cough like this on most days for as much as 3 months			100
	of the year			
Q13.	Do you usually bring up phlegm from your chest first thing in the			
	morning?			
Q14.	Do you usually bring up phlegm from your chest at any other time of the day or night?			
	If 'No' go to Q18			
Q15.	Do you bring up phlegmake this on most days for as much as three month, each year?			
Q16.	In the past three years have you had a period of increased		П	
4.0	cough and phlegm lasting for three weeks or more?		. L	
Q17.	If Yes, have you had more than one such period			
Breathlessn	ess		1	
Q18.	Do you get short of breath when hurrying on lever ground or walking up a slight hill?			
	If 'No' go to Q22			
Q19.	Do you get short of breath walking with other people of your own age on level ground?			
Q20.	Do you have to stop for breath when walking at your own pace on level ground?	O,		
Q21.	Have you at any time in the last 12 months been woken at night by			
	an attack of shortness of breath?			
Wheezing ar	nd Chest Tightness		_	
Q22.	Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?			O _A
Q23.	Have you ever had attacks of shortness of breath with wheezing?			1//
Q24.	If 'Yes', was your breathing absolutely normal between attacks?		V	
Smoking	2455 6000000 00 00 40 000 W 4500 40 000 40		1	
Q25.	Do you or did you smoke more than 1 cigarette/day; a cigar/week; 2oz pipe tobacco/month?	M	4	`
	If 'No' proceed to social history questions	/	.016	
Q26.	Do (did) you inhale smoke?	\checkmark	TAV.	If Yes circle slightly moderately deeply
Q27.	How old were you when you started smoking regularly?		w	
Q28.	Do (did) you smoke manufactured cigarettes?		P	
	if 'No' go to Q33		15	are A
Q29.	How much do (did) you smoke per day on weekdays? (number of cigarettes)	100	(7	day. Snowe 5-6 cres!
Q30.	How many per day on weekends?	40	_(1	outil) day -1
Q31.	Do (did) you smoke plain or filtered cigarettes?	nfield	Blue	dig.
Q32.	What brands do (did) you usually smoke?	/		Stuled
Q33.	Do (did) you smoke hand rolled cigarettes	∇		Suplan
	If 'No' go to Q36			
Q34.	How much tobacco do (did) you usually smoke per week in this way?	25		1+70
Q35.	Do (did) you put filters in these cigarettes?	V		



NAME OF STREET	200	55	200	
Name:				
Date:				

(236.	Do (did) you smoke a pipe?								
		If 'No' go to Q38		1						
(237.	How much tobacco do (did) you usually smoke per week way?	in this							
(238.	Do (did) you smoke cigars?								
		If 'No' go to Q41		0.000						
(239.	How many of these do (did) you usually smoke per week	in this way	y						
(240.	If you are presently a smoker have you been cutting dowr past year?	n in the							
(Q41.	If you are a past smoker, when did you give up smoking a	altogether?	?						
	Dr to p	provide comments for any 'Yes' responses: (refe	erence Q	No.)						
Sect	ion 6:	About your lifestyle – Since your last health ass	essmen	t						
			Yes N	o					Yes	No
	Q42.	Do you engage in regular exercise 200 mins at least 3x week)	Ø (Do you per day' a day?	drink more the strain of the s	nan 3 standards many standard	drinks of alcoh drinks do you	nol have \square	Ø
	Q43.	Do you take illicit drugs?		7					11.20.11.20.000000000000000000000000000	***************************************
If yo	u answ	ered 'Yes' to any of the above please provide detail	ls:							
Dr to	provi	de comments for any 'Yes' responses: (reference	e Q No							
		47, hym, , 500.	out		// m.	A	4	unullacumomicum en		
						- /			aumoroudos	
			1-10-111-11-11-11-1		1					
Sect	ion 7:	Exposure History	AND LOS	15.5						
			Yes N	0		/			Yes	No
Q45.	How r	nany years have you worked at your present	3	Q51.	exposu	you are unde ire or potenti ive equipme	ertaking tasks wi al exposure do y	th chemical you use persor	nal 🗹	
				If yes		AND THE RESIDENCE OF THE PARTY	pe of equipme	nt used and ho	ow often	
			-	14 35	pe of	Never	Occasionally	Sometimes	Usually	у
040	I I marria	nany daya nanyaali da yay yayaliy yark?	5	1.000	tection	4	(<50%)	(50-79%)	(80 – 100	0%)
Q46.	HOW I	nany days per week do you usually work?		-	and ody	1	2	3	4)	
					es	1	2	3	4	
				Re	espiratory	L	2	3	1	
047		and the same of th	8	Q52.		하다리면 되었는 것은 일반 하다면서	sable protective	garments?	es/	
Q47.	How r	nany hours per day do you usually work?		•	If so, no	w are they d	isposed of?		M.	Ш
				Q53.	Does yo	our workplac	e use ventilatior	n systems?	<u></u>	
Q48.		e this work, were you employed in a job involving cal/hazardous substance exposure?		/ If ye	s, please	e indicate be	low			1
		ease indicate how long you have worked with					ooths, elephant	trunks, hoods)	
	chemi				ı or rood ural venti	mounted pro	peller fans			
040	مطييا ها	At home of words tooks are your expressed to								_
Q49.		at type of work tasks are you exposed to stos and for how long? removal (Q54.			ry protection, ho ice" mask or res			
Q50.	How r	nany hours have you worked today?	0	Q55.	hazard	u (have you l ous substan details	peen) exposed to bes that you kno	o any other ow of? If yes		Ø
Prov	ide furt	her details or comments as required:		things him						
Junio P. S.				410117						
Dr to	provi	de comments for any 'Yes' responses: (reference	e Q No.)							
	. p				1				Commence of the Commence of th	
4	5)_	- Tenerve oshesions	_ ~	un	al	pi'h	irean	1 INE	7	



Name:	
Date:	

Sectio	n 8: Workplace Hygiene		1	
		Yes	No	Details
Q56.	Do you usually wash your hands before eating, drinking or smoking?	V		
Q57.	Are clothes washed separately at work in a dedicated washing machine?	Ø		
Q58.	Are asbestos fibres vacuumed from work clothes with an asbestos cleaner with a HEPA filter and footwear wiped?	V		
Q59.	Do you remove your protective garments prior to leaving the asbestos work area?	团		Theon my ay
Q60.	Do you change into clean clothing when you have left the asbestos work area?	V		Theor my of gruenty-
Q61.	Do you shower following completion of the asbestos work?	F		
Doctor	s Comments			
Doctor	3 dominicités			
	+			
	Also.			
Sectio	on 9: Declaration			
	Please read the following a	ınd sign	where	indicated
Declai	ration - I declare that I have answered the above correctly and comp	oletely, to	the be	est of my knowledge
my em	nent authorisation - I give my consent for the results of my asbesto aployer is obliged to keep my results in a secure and confidential ma- alth surveillance assessment to my treating or family doctor.			
Did yo	u receive any assistance by another person to complete this form?	[] /e:	s 🗹	No
	u receive any assistance by another person to complete this form? provide details	∐ Ye		No
Signe	d:			Sate:
	Please return this form to re	eception	when	completed
				1





Name:	
Date:	

PART TWO D	octor to complete				-			
Section 10: Measureme	ents							
Height Blood Pressure 1 Comments:	70 cm st reading: 121	2. We	ight Si 73 Bpw	2 nd re	eading:	3. BMI		
Section 11: Respiratory							This pak	10
u-xarayagi yar		1	es No					Yes No
5. Breathing normal and	regular in characte	r?		8, Signs of past/pr	resent resp	piratory diseas	e absent?	
6. Auscultation normal?				Spirometry norr	mal?			
7. Spirometry (only if re	quested)		1-15-0-10-10-10-10-10-10-10-10-10-10-10-10-1			4	D4	Report attach
FEV1 U3 FVC U FEV1/FVC Q0 Comments:	Actual O Jamin 17 Dimin %	98	% %	Mul 4	4	Line	r	
		70		77.	N			
Section 12: Respirator	Fit		(ES An			Y BOOM		Vec. N
10. Facial hair?	maganagang grass idi dangai pengangang pendanianian indap nadi dimensiona	The programmer of the constitution of the contract of the cont		Dental deformities	Alace we			Yes N
11. Deformity of face?	to diabonetripersonness is a value objet of \$100 c.	and the second section is the second section of the second section of the second section is a second section of the section		Dental deformities				
Comments:				/				<u> </u>
John Maria	111111111111111111111111111111111111111			1/1			uunan ayaan a	
				1/				
Other comments on Part		ti nama, na alama adalah adal		traduction and the state of the				
Question No. Comment	s: _ Clivi	L. · hay	o a	kwel.	_Oen	heale	of alo	ort
	nik of	e ne a ti	guit	magic o	week	head	/ /	
	Ack t			PRINCIPAL STATE OF THE STATE OF		18.44.4	W-10-11-11-11-11-11-11-11-11-11-11-11-11-	1-11-0300000
Checklist: The followin	g assessments ha	ve been comp	oleted:					
	Satisfactory	Other	N/A			Satisfactory	Other	N/A
Medical history				Medical examina	ation			
have provided education		arding potentia	l health effec	ts of asbestos and t	have discu	ssed an y abno	rmalities dete	cted in the

Doctor Stamp

(UL) UUII

VOLUMETIME u67 } (1) t (s). SUG ESTED INTERPRET Norr al ventilatory function.

SOF WAS REFFRENCE 15770 V102 PRINTED. 1 MAR 2017, UB:42

AGE:

21 YPS

. ICIOPINI SMOK R:

SEX: NORMAL VALUES ! Gore

MALE

TEST LATE: TEST TIME: 08 40 NO AT EMPTS 3 VALUES AT BTPS

FEV1 WITHIN : 0.03 ATS

FVC W THIN : 0.01 L TEST QUALITY:GRADE A

SERIA #:

CALIBRATION 101/DEC/2016

Index		Norm Pred	Best 1	Best 2	Best 3	Meas	%Prec
FVC		5:06	4.77	4.76	474	(G.77)	(94)
FEV1	L	0	4 30	4 27	4.23	7.30	98
FEV1P		0 86	0 50	0.90	0 89	0.90	105
FEV6	L	5,06	40	4.76	4.74	4.76	94
PEF	L/min	615	494	548	543	543	89
FEF 25-7	5L/s	4.70	5 03	5.06	4.83	5.03	107
PEF25	LIS	8.09	7.97	8.14	8 63	7.97	99
FEF50	L/s	5.32	5.82	5.90	5 46	5.82	109
EP15	L/s	2 45	2,85	2,81	2.71	2.85	116
* BEYON !	OWER LIN	AIT OF NO	RMALITY	(LLN)			

