KAISER PERMANENTE

Kaiser on the Job

Supplemental History-Lead Exposed Workers

Name____

Company____

Date____________________ Kaiser #_____________________________

1. Please list your job duties and indicate which ones involve lead or other chemical exposures:

	Yes	No	Don't Know
2. At the end of a shift, do you have lead compounds on your body or clothes?			
3. Do you have close contact with lead fumes or dust?			
4. Do you perform the majority of your work indoors?			
5. Do you ever smoke, eat, chew gum/tobacco, or drink at your work station?			
6. Do you shower before leaving work?			
7. Do you wear your work clothes home at the end of the workday?			
8. Are you expected to wear a respirator or other personal protective equipment while working?			
9. Have you ever worked anywhere else where you might have been exposed to lead?			
10. Have you ever remodeled or stripped paint from a home built before 1978?			
11. Do you have any hobbies that expose you to lead (soldering, lead glass making, pottery making, jewelry making, making fishing sinkers/bullets)?			
12. Have you ever had the level of lead in your blood checked?			
13. If **Yes**, what was your highest blood level?________________			
14. Have you ever been removed from work because of elevated blood lead?			
15. Do you have, or have you ever had :			
Difficulty concentrating			
Irritability			
Sleep disturbance			
Tremor			
Joint/muscle pains			
Muscle weakness			
Stomach pains			
Decreased appetite/weight loss/nausea			
Constipation			
Diarrhea			
Nausea			

Signature____Date_______________