



HealthONE Occupational Medicine/Rehabilitation at North Suburban

9195 Grant Street, Suite 100
Thornton, CO 80229

FAX COVER SHEET

Date: ___/___/___

Time: _____AM / PM

To:

Corporate Management Group

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Attachment 1

BASF Corporation
Isocyanates Medical Surveillance - Health Professional

Respiratory Symptom Questionnaire

1/16/15
Date of Examination
Galen Sampson
Employee's Name (Print)

Location
500 835841
Employee's Social Security Number

Please check the single best answer to each question

During the past four weeks:

- | | | |
|--|---------------------------------|---|
| 1.1. Has your chest felt tight or your breathing become difficult? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 1.2. Has your chest sounded wheezing or whistling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.3. Have you had a persistent or regular cough? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1.4. Have you developed a new skin rash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you to any of the above, please answer the following questions:

- | | | |
|---|--------------------------|-------------------------------------|
| 2.1 If you run, or climb stairs fast do you | | |
| 2.1.1. cough? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1.2. wheeze? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1.3. get tight in the chest? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 Is your sleep broken by | | |
| 2.2.1. wheeze? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2.2. difficulty with breathing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.3 Do you wake up in the morning (or from sleep, if a shift worker) with | | |
| 2.3.1. wheeze? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.3.2. difficulty with breathing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.4 Do you wheeze | | |
| 2.4.1. if you are in a smoky room? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.4.2. if you are in a very dusty place? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3.1 What happens to this on weekends?
 better same worse

3.2 What happens to this on holidays of 4 days or more?
 better same worse

3.3 Does this occur with exposure to a particular substance or process? Please describe

Reviewed, 1/16/2015. *[Signature]*