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 Fax: 303-736-7767

Fax: _____

From: _____ Phone: 303-292-0034
303-451-7700
Fax: 303-292-0097
303-252-9474

Re: _____

Number of pages including cover sheet: _____

Notes: _____

_____

_____

BASF Corporation
Isocyanates Medical Surveillance – Health Professional

Respiratory Symptom Questionnaire

Date of Examination: 1-12-16

Location:

Employee's Name (Print): Jesus Garcia

Employee's Social Security Number: 521-51-1742

Please check the single best answer to each question

During the past four weeks:

	Yes	No
1.1. Has your chest felt tight or your breathing become difficult?	☐	☒
1.2. Has your chest sounded wheezing or whistling?	☐	☒
1.3. Have you had a persistent or regular cough?	☐	☒
1.4. Have you developed a new skin rash?	☐	☒

If yes 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?	☐	☒
2.1.2.	wheeze?	☐	☒
2.1.3.	get tight in the chest?	☐	☒

2.2 Is your sleep broken by

2.2.1.	wheeze?	☐	☒
2.2.2.	difficulty with breathing?	☐	☒

2.3 Do you wake up in the morning (or from sleep, if a shift worker) with

2.3.1.	wheeze?	☐	☒
2.3.2.	difficulty with breathing?	☐	☒

2.4 Do you wheeze

2.4.1.	if you are in a smoky room?	☐	☒
2.4.2.	if you are in a very dusty place?	☐	☒

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.

N/A

1-12-16

Health ONE Occupational Medicine and Rehabilitation

HEARING TEST FORM

Employee Identification

Last Name	First Name	Middle Name	Employee ID#
Garcia	Jesus	Lorenzo	

Dept/Code	Job/Code	Work Shift	Shift Length

Audiometric Information

Test Date: 1/12/16
Test Time: 1:57 am/pm

Test Type: ☒ Baseline ☐ Annual/Periodic ☐ Retest ☐ Rehire ☐ Exit

Audiometer Make/Model:	Last Annual Calibration Date:
RA500	1/8/16

OSHA sound room requirements met? ☒ Yes ☐ No

Technician:	Technician:
R. Brock	

Testing Company: HCA

Employee Noise Exposure

High noise exposure within 14 hours: ☐ Yes ☐ No	Last noise exposure: ____ hours ago

Hearing protection used before test: ☐ Yes ☐ No	TWA:	Sound Level:

Hearing Protection Devices

Type Used Specify Model/Size
- ☐ Foam plug
- ☐ Pre-molded plug
- ☐ Custom plug
- ☐ Earmuff
- ☐ Plug & Muff
- ☐ Electronic
- ☐ Other

Otoscopic Screening

Left		Right
☐	Was Not Done	☐
☑	Normal	☑
☐	Abnormal	☐
☐	Partial blockage	☐
☐	Total blockage	☐
☐	Other	☐

Hearing Protection Fit Check: ☐ Proper ☐ Poor ☐ Re-instructed ☐ Replaced

Test Comments:

Employee Training:

The following topics have been explained to me:
1. The effects of noise on hearing
2. The purpose of the hearing test & explanation of procedures
3. Hearing protection use, care, fit and advantages/disadvantages

Employee Signature:	*Date:*
	1-12-16

OCC HEALTH

DATE: 01/12/16
TIME: 13:57:38

PATIENT:1742

CURRENT AUDIOGRAM

FREQ.	L/DB	R/DB
1000 HZ	10	05
500 HZ	10	10
V1000 HZ	05	05
2000 HZ	05	10
3000 HZ	05	00
4000 HZ	10	00
6000 HZ	15	20
8000 HZ	25	05
AVG 2,3,4	006.7	003.3

TEST ID:03753121106153B0

ELAPSED TIME = 04:52

TEST TYPE = BASELINE
TEST MODE = PULSED
M = MANUALLY TESTED FREQ

TREMETRICS RA500+
SERIAL NUMBER...12115380
SOFTWARE REV. 2.19H-0102
CALIBRATION: 01/06/16
CAL. ANSI S3.6 1989

PATIENT:1742
X J Garcia

EXAMINER:
X R Brock

QUESTION ANSWERS

LAST NAME:
FIRST NAME:
DOB:
SEX:
JOB TYPE:
LOCATION:
PROTECTION:
EXPOSURE: