Nurse Managed Health Center
at the UNIVERSITY of DELAWARE

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Hazmat Exposure History

Have you ever had a job or involved in activities that involved exposure to:

YES	NO	Material	YES	NO	Material
		Acrylonitrile			Lead
		Arsenic			Methylene chloride
		Antimony			Mercury
		Asbestos			Nickel
		Benzene			Nitrogen oxides/sulfur dioxide
		Beryllium			Paints/solvents
		Cadmium			Organochlorine pesticides (DDT, Aldrin, Chlordane, Dieldrin, Endrin, Lindane)
		Carbamate Pesticides (aldicarb, Baygon, Zectran)			Organophosphate pesticides (Diazinon, Dichlorovos, Dimethoate, Trichlorfon, Malathion, Methyl parathion, Parathion)
		Carbon disulfide			Petroleum products/fuels
		Carbon tetrachloride			Phenols/phenol-like resins
		Chloroform			Phosgene
		Chlorine			Polychlorinated biphenyls
		Chromium			Radioactive materials
		Coal			Silica/nonasbestos substitutes
		Coke ovens			Toluene
		Cutting oils, coolants			Toxic waste
		Cyanide			Trichlorethylene
		Degreasing/plating			Vinyl chloride
		Dust/nuisance dust			Welding, soldering fumes
		Engine exhausts			Xylene
		Epoxy resins, adhesives			Zinc
		Excessive noise			Other - specify/describe (below)
		Fiberglass			
		Fluorides (including hydrogen fluoride)			
		Formaldehyde			
		Galvanizing			
		Hydrogen sulfide			
		Ionizing radiation			
		Isocyanates (TDI, MDI)			

Patient Name Printed ______________________________

Physical Exposures

Have you ever had a job or involved in activities that involved exposure to:

YES	NO	Type of Exposure	If YES describe include date(s)
		Noise – loud, continuous, or repeated	
		Radiation	
		Excessive Heat	
		Excessive Cold	

Personal Protective Equipment

What type(s) of Personal Protective Equipment will you or do you routinely use when dealing with hazardous materials?

YES	NO	Protective Equipment	If YES describe frequency of use
		Respirator Full face, negative pressure	
		Respirator Half-face, negative pressure	
		Respirator PAPR	
		Respirator SCBA	
		Particle/dust mask	
		Hearing protection Muffs	
		Hearing protection Plugs	
		Hearing protection Both	
		Hearing protection None	

Patient Name Printed ______________________________

Patient Signature ______________________________ Date: __________

Reviewed by Health Providers Name Printed ______________________________

Health Providers Signature ______________________________ Date: __________