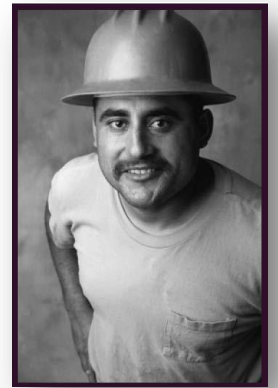


# Health Maintenance Exam for Workers with Past Exposures

## DOE Historical Health Exposure Questionnaire

The Employee Job Task Analysis (EJTA) process was fully implemented in 1998 to provide a consistent site-wide method to communicate risk-based medical qualification and medical monitoring needs to the Site Occupational Medical Contract (SOMC). The EJTA is an evaluation of an employee's current job hazards and was not designed to evaluate or provide medical exams for potential historical exposures on jobs prior to the present EJTA.



Hanford workers have voiced concerns that the current EJTA medical surveillance programs do not take into account past potential workplace exposures. In response, contractor health and safety management representatives worked with the Department of Energy (DOE), the SOMC and Hanford Atomic Metal Trades Council (HAMTC) representatives to offer a modified health maintenance exam for employees with past exposure concerns.

The modified exam, known as the Health Maintenance Exam for Workers with Past Exposures, is available to all Hanford employees who believe they may have had previous exposure to hazardous agents and who choose to participate. The SOMC will determine the frequency of the health maintenance exam for workers with past exposures based on the employee's input.

If you have questions about the Health Maintenance Exam for Workers with Past Exposures, check with your company's point of contact listed below, your HAMTC representative, or your Building Trades Health and Safety representative.

## Enrollment: A Five Step Process

### Step 1

Complete the attached DOE Historical Health Exposure Questionnaire. This form may be requested from your company's health and safety staff or your HAMTC safety representative. The questionnaire asks you to specify the types of hazardous agents you may have been exposed to, the extent of exposure, and provide a work location for the perceived exposure.



### Step 2

Send in the DOE Historical Health Exposure Questionnaire form to HPMC Occupational Medical Services (OMS) scheduling to mailstop G3-70.

### Step 3

You will be enrolled in medical surveillance programs based on your input on the DOE Historical Health Exposure Questionnaire. You will be scheduled for your medical exam within the next 12 months and will continue your exam on an annual basis.

## Step 4

You will attend your scheduled medical exam at HPMC OMS and the medical provider will use the information you provided on the DOE Historical Health Exposure Questionnaire to determine the appropriate frequency and content for future Health Maintenance Exam for Workers with Past Exposures. Employees enrolled in other medical surveillance programs will continue to be scheduled for those exams at the mandated frequencies (for example, if an employee is enrolled in a medical program that requires an annual audiogram, he or she will still receive that annual audiogram regardless of the frequency set for the health maintenance exam).



## Step 5

Future Health Maintenance Exam for Workers with Past Exposures will be scheduled at the frequency decided upon by the medical provider. The Health Maintenance Exam for Workers with Past Exposures will be combined with any current medical exam that is being administered as part of the EJTA and current work requirements.

## Points of Contact

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<b>HPMC Occupational Medical Services</b>	Lynda Senger	376-1020
<b>CH2M HILL Plateau Remediation Company</b>	Cheryle Brasker	376-9146
<b>DOE Office of River Protection</b>	Rich Urie	376-2229
<b>DOE Richland Operation Office</b>	Steve Bertness	376-6221
<b>Mission Support Alliance</b>	Marie Seymour	372-3618
<b>Washington Closure Hanford</b>	Stacy Thursby	372-9205
<b>Washington River Protection Solutions</b>	Elizabeth Hill	373-1215

## DOE Historical Health Exposure Questionnaire

Hanford ID	Name (Please Print)	Current Employer
Last	First	MI

Indicate harmful agents to which you believe you may have been exposed **at a DOE site** and indicate the extent of the perceived exposure:

- A.** Walked through/inspected the area containing this hazard (Inspections that did not cause direct exposure)
- B.** In the area of the hazard for extended times, but not working directly with the hazard
- C.** Worked directly with this hazard (e.g.: in chemical process, opening waste containers, etc...)

	A	B	C		A	B	C
1. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Isocyanates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Lead Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Silica Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. PCBs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Carcinogens (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Solvents (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Synthetic Vitreous Fibers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Coal Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Two-part epoxies or paints (solvent based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Epichlorohydrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11. Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Welding Fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ionizing Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Other Physical or Chemical Agents (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/ Agent Description/Explanation (including "other" from #23) :

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**Complete Work Location History on Reverse Side**

Mail to the SOMC Scheduling Department, MSIN: G3-70

