



**A NEW  
RISK-BASED  
OCCUPATIONAL MEDICAL  
SURVEILLANCE PROGRAM**

**FOR THE U.S. EPA REGION 1.**

**For the Period 1992 - 1995.**

**Prepared by  
N. A. Beddows. CIH, CSP.**

**February 7, 1992.**

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***A NEW, RISK-BASED, OCCUPATIONAL  
MEDICAL SURVEILLANCE PROGRAM  
FOR U.S. EPA, REGION 1***

*For The Period: 1992 - 1995*

*Prepared by*

*Nomen A Beddows 2/7/92*  
N.A. Beddows, CIH, CSP.  
Health and Safety Manager, Region 1.

*2/7/92*

*Approved by*

*Patricia Meaney 3/2/92*  
P. Meaney, ARA,  
Planning and Management Division, Region 1.

*3/3/92*

*J. C. Jimeno 3/2/92*  
*Program Certification*

I certify that I have reviewed the U.S. EPA Region 1 medical surveillance program described herein, and acknowledge that it meets or exceeds current requirements for a risk-based medical surveillance regional program.

J. C. Jimeno, Director,  
Safety, Health and Environmental Management Division.

*3/2/92*

AUG 16 1990





## HEALTH RESOURCES

Three Hundred Four Cambridge Road  
Woburn, Massachusetts 01801  
(617) 935-8581

February 10, 1992

Mr. Norman Beddows  
U. S. E. P. A.  
Region 1, 22nd floor  
JFK Building  
Boston, MA 02203

Dear Mr. Beddows:

I have reviewed the attached protocols and I am in agreement with the proposed examination components. Without knowledge of the specific occupational exposures an employee may encounter, comprehensive baseline testing is performed.

Upon annual or periodic examinations, these protocols allow for the physician to tailor the program to the particular employees individual workplace hazards and exposures. This will allow the physician to obtain more relevant health data and eliminate unnecessary exposure-specific testing.

Please let me know if you have any further questions.

Sincerely,



Jerry H. Berke, M.D., M.P.H.

JHB/jb



## *Executive Summary*

### *A New Risk-Based Medical Surveillance Program For EPA Region 1.*

*A new, risk-based, occupational, medical surveillance program has been prepared for use in Region 1, for FYs 1992 to 1995. The program was developed in response to "long-standing concerns," and "a critical need to establish risk-based, medical surveillance programs," identified in 1991 by the Office of Administration and Resources Management. The new program has been extensively reviewed and refined through the involvement of Regional managers, and the President, AFGE, Local 3428.*

*Regionally, concerns have centered on:*

- *Targeting employees for appropriate, risk-based examinations.*
- *Inappropriate out-moded medical questionnaires.*
- *The composition of the medical examinations.*
- *Employee counselling on reproductive and fetal hazards, and stress.*
- *Exit-medical examinations for retiring employees.*
- *Communication of the program.*

*All of these concerns have been accommodated fully in the new program. Field and laboratory workers are targeted for participation according to (i) job-category with significant health risk, and (ii) coverage under a relevant and applicable OSHA standard. Expanded medical examinations and employee counselling provisions provided. Baseline-with-annual periodic examinations are provided for certain job categories and assignments; biennial examinations are made available to employees who incur only minimal occupational risks.*

*Major features of the new Region 1 program are:*

- *Exposure- and Risk-Specificity.*
- *Expanded Baseline and Periodic Examinations.*
- *Screening (for cancers, and diseases).*
- *Pap-test.*
- *Mammography.*
- *Lyme Disease-Screening (with employee education).*
- *Vaccination for Polio, Tetanus (and other infectious agents).*
- *Emphasized Employee Medical Counselling.*
- *Comprehensive Documentation (with wide applicability).*
- *Population Data and Evaluation (planned).*
- *Completem Construction (based on extensive professional experience).*
- *Applicability to states- and contractors- medical surveillance activities.*
- *High Employee- and Supervisor- Acceptability.*
- *Cost-effectiveness - providing a first-class medical surveillance and monitoring program to those who need it; precluding people who are not at risk.*

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*End-Note:- As of 3/10/92, the program has been presented in detail to ninety percent of the employees, supervisors, and managers in Region 1 who are involved in the program. Presentations are on-going. The program and actual examinations are well underway. Considerable - more than 15% - cost savings have already been made, over last year's costs, by reason of proper preclusion and assignment to biennial examinations.*



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8. *Disclosure authorization form.*



***A NEW, RISK-BASED OCCUPATIONAL MEDICAL  
SURVEILLANCE PROGRAM for U.S. EPA. REGION 1.***

**1. PURPOSE.**

For the purpose of describing the above captioned program, the phrase *medical surveillance* encompasses medical surveillance, individual health status evaluation, biological monitoring, employee counselling and medical referral. For the same purpose, the term *risk-based* means that participation in the program is to be determined based on the nature and severity of a potential exposure to a hazardous substance or physical agent. Risk is assessed by professional occupational safety and health care professionals.

The purpose of the new risk-based medical surveillance program described herein is threefold: (A) To target employees for appropriate medical examination, biological monitoring, and medical counselling by job categorization, and assessment of the applicability of OSHA\* health standards. (B) To provide the means needed to detect early individual health changes and to evaluate health trends in populations of Agency field and laboratory workers, both regionally and nationally. (C) To establish a cost-effective program which provides first-class medical examination, biological monitoring and counselling to employees who need to be in such a program, while precluding employees who are either not at risk or who are not required to participate by any OSHA standard. These points, reportedly, have been long-standing Agency concerns.

The purpose of this *document* is four-fold: (A) To define and describe the new risk-based Region 1 medical surveillance program (which is now in place). (B) To serve as a reference document and guidance for use by Region 1 employees (and federal, states and government contractors occupational health care program managers, when requested). (C) To facilitate maintaining the program. (D) To serve in informing employees about the Region 1 medical surveillance program. This can be achieved using the 40 hour- and the 8 hour- health and safety training courses, and also by the distribution of prepared pamphlets.

Key aspects of the new regional program are:

1. A Risk Basis to the program.
2. Participation by Job Category and applicable OSHA Health Standard.
3. Expanded Medical Examinations.
4. Expanded Employee Counselling.
5. Responsibilities are identified.
6. Procedures are defined.
7. Population Data Collection and Evaluation are planned.
8. Medical Questionnaires which are new and appropriate.

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\* OSHA:- Occupational Safety and Health Administration.

## 2. NEED.

The provision of medical surveillance and monitoring to certain employees is mandated by EPA and OSHA. For others, surveillance is not mandated by OSHA, but is required by EPA. In some EPA-field and laboratory assignments, *multiple* exposures to hazardous chemicals and physical stresses exist. The levels of exposures and their impacts on health are unclear or difficult to characterize. Industrial hygiene evaluations are sparse. Standards of safe exposure in such cases are either unreliable and minimal, or non-existent. Certain job categories have been characterized well in terms of duties, exposures and hazards. In other job categories, one presumes that a potential for adverse health impact exists because information on exposures is scant but health complaints exist.

The national policy of the Agency requires that each reporting unit will employ an approved, risk-based, medical surveillance program. The program should be consistent with the recommendations of the 1992 EPA-HHS National Quality Action Team (of which the Region 1 Health and Safety Manager is a member). This team is charged with formulating a national, risk-based, occupational medical surveillance program for the Agency.

Comprehensive documentation is needed to inform employees, supervisors and program-administrators about the program, and to give program guidance to health care professionals (including states and government contractors who employ medical surveillance programs).

## 3. BACKGROUND INFORMATION.

The Environmental Protection Agency provides a comprehensive occupational medical surveillance and monitoring program to certain EPA employees during regular work schedules, and at no cost to them. These employees are, or may be, occupationally exposed to hazardous substances or physical agents. Such hazards are known to exist in certain job categories. This is based on collective job hazard analyses made by informed, competent, safety personnel, industrial hygienists and occupational physicians.

Consistent with the authority and procedure provisions at 5 CFR, Part 339, Subpart C, the Agency may require certain individuals to participate in a medical surveillance/monitoring program when (i) they are required to perform field and/or laboratory work for which medical standards apply, (ii) when there is a direct medical question about an employee's continued capacity to meet a job requirement, and (iii) under other limited circumstances. All such examinations must be in accordance with the affirmative obligation provisions at 29 CFR 1630.704.

Throughout the Environmental Protection Agency, medical surveillance and monitoring programs of one form or another are on-going. In all cases, a comprehensive *baseline* medical examination initiates a program. Thereafter, *periodic* examinations, with biological monitoring, are provided. Medical examination is annual, in most cases. However, physical examinations, including relevant biological monitoring, will be provided either more frequently or less frequently than annually for certain identified employees and job categories. In general, in most of the Agency's programs, the frequency of the periodic examination is annual. In Region 1, modified periodic examinations (*described later*) are made available.

In Region 1, with the implementation of this new risk-based medical surveillance program, population exposures and medical findings will be evaluated periodically by health professionals looking for *individual* health status changes, and trends in the *population*. Expanded baseline examinations, exposure-specific, periodic examinations, and expanded employee-counselling will be provided. Also, medical examination of participants in past programs will be made available to employees who are about to retire.

It is important for employees, managers and supervisors to understand what the new Region 1 medical surveillance program is, and what it is not.

The program IS:

- Risk-Based (that is, participation is determined by job-category).
- Exposure-Driven (by exposure profile or OSHA health standard).
- A Pre-Assignment, Post-Employment Program.
- A Medical Screening *and* Surveillance Program.
- A Program Requiring Biological (and Industrial Hygiene) Monitoring.
- An Employee-Counselling and Referral Program.
- An Episodic Limited Care and Vaccination Program.
- A Population Medical Surveillance Program.

It is a *pre-assignment, post-employment* occupational medical program for field and laboratory employees who may be exposed significantly to hazardous substances, physical agents, or arduous physical stresses. Participation is required for certain categories of workers, according to job category, nature and severity of potential exposure, or coverage by an OSHA standard.

Medical examinations (*described later*) focus on early signs of injury or disease of the skin, the central and peripheral nervous system, the lungs, the liver, the kidneys, and other systems. Focusing on the functioning of these systems/organs is essential when uncharacterized exposures to multiple hazardous substances exist.

The program IS NOT:

- A Pre-Employment Medical/Physical Examination.
- A Wellness-Fitness Program.
- A Primary Care Program.
- An All-Employee Medical Program.
- A Non-Occupational Medical Program.
- A Program To Inquire In A Non-Voluntary Way Into Physical Impairment, Substance Abuse, Pregnancy-status, Sexual Disease, Mental Status (and, it does not affect employment).
- A program which is intended to inquire into possible health effects (eye strain, ergonomic musculoskeletal problems, stress or malaise) which may arise with some office type duties.
- A Program Which Requires Extraordinary Investigation [to be undertaken], Absent A Currently Recognizable Serious Health Hazard.

With respect to the medical aspects of the program:

(A) The physician may *screen* for early signs of skin, colonorectal, testicular cancers, tuberculosis, and hepatitis. Breast examination (including mammography) is made available. Relevant screening is done in accordance with consensus (NIOSH) medical recommendations.

(B) The physician *determines* which tests will be employed in any medical examination (he/she has considerable latitude in investigating individual and population health trends and changes which are thought to be occupational).

(C) While the program is not intended to provide full *personal health care and medical services*, it *does provide* broad-based medical screening, employee counselling, and medical referral.

(D) Chest roentgenogram is *not* performed annually, unless a particular indication for an annual test exists in the physician's estimation. Stress testing, audiometry and certain other screening tests are employed according to -

(i) relevant medical recommendations, and (ii) relevant and *applicable\** OSHA health standards.

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*\* An OSHA standard's medical provisions generally will be relevant to the medical protocols used in a Regional medical surveillance program, and an OSHA standard will be applicable, in terms of medical surveillance, examinations, biological monitoring and industrial hygiene when an exposure exists, or is likely to exist, at (i) the relevant action level (concentration) for medical surveillance. (ii) the relevant exposure limit for the substance/physical agent.*

*Applicability depends on the regulatory language in the standard or regulation. Criteria and /or requirements for participation and/or medical protocols exist in parts of the OSHA Respiratory Protection standard (29 CFR 1910.134), the Worker Protection regulation (29 CFR 1910.120), the OSHA Subpart Z (29 CFR 1910.1000 - a table of chemicals, and SS. 1001-1500, Specific Chemicals), and the Laboratory Standard/Chemical Hygiene Plan standard (at 29 CFR. 1910. 1450).*

In summary, the Region 1 medical surveillance program is risk-based with respect to field and laboratory activities by employees. It is exposure-specific. It includes medical (and industrial hygiene) monitoring. It incorporates medical surveillance activities to evaluate (i) early individual health changes, and (ii) trends in the groups of job categories covered by the program. It provides employee-counselling. It prescribes responsibilities. And, it establishes and defines administrative procedures.

#### 4. THE MEDICAL EXAMINATION COMPONENT.

The key parts of the medical examination are as follows:

- Exposure Profile Assessment.
- Medical Questionnaires (for the baseline, and periodic examinations).
- Physical Examinations (baseline & periodic).
- Screening (for evidence of early changes in health status, or disease).
- Biological Monitoring (for evidence of hazardous exposures).
- Employee Counselling.
- Vaccination/Re-Vaccination (Tetanus, Polio, Hepatitis).
- Episodic Primary Limited Care.
- Medical Referral.
- Population Surveillance (regionally & nationally).

##### 4.a. Exposure Profile.

The physician needs comprehensive, accurate information (by job category) of (i) the participant's past and potential exposures, and (ii) signs or symptoms of harmful exposures. This information is needed to provide appropriate physical examinations, special tests, and medical surveillance. An *Exposure-Profile* form (appendix 5), and a daily field/laboratory exposure *log book* (when kept by the participant) are used in garnering needed information. The exposure-profile form is completed by the employee before going to the medical examination.

##### 4.b. Voluntary Medical-Use-Only Medical-History Questionnaires.

An occupational medical questionnaire (*voluntarily completed by the participant*) is needed at the time that (i) the baseline medical examination (*described later*), and (ii) the periodic examination (*described later*) start. The baseline medical questionnaire (*appendix 4*) and the periodic examination questionnaire may be the same form. An abbreviated version of the baseline medical questionnaire (*appendix 5*) may be used for periodic examinations.

Current medical-history (and exposure profile) information is needed by the physician for each examination. The information is needed to determine how the examination, screening, testing and counselling will proceed.

The *voluntary* medical-history questionnaires encompass:

- Sensitivity to the Americans With Disabilities Act.
- The employee's total illness and injury experience, and specific EPA-employment experience.
- The history of non-occupational and occupational exposures to (a) specific chemicals and substances, and (b) pesticides, bacteria and viruses, and ionizing/non-ionizing radiation.
- Assessment by the employee of potential exposures or safety problems.
- Substances handled by /of concern to the employee in her/his work.
- A request for the employee to suggest ways to reduce exposure(s), and to indicate any symptoms which he/she has experienced that might be caused by a workplace exposure.
- Signs, symptoms, and personal health concerns of the employee.
- An immediate-family medical history; a list of illnesses and diseases.
- Personal habits related to: occupational health risk factors; illnesses; health conditions; medication; and allergy-history.
- A history of immunization and vaccine experience.
- The "Physician's Summary and Elaboration."

#### 4.c. Medical Skills Required.

In this program, certain medical skills are required to be employed. This is based in part on provisions in mandatory and advisory health standards. For example, the Asbestos standard (at 29 CFR. 1910. 1001), which is relevant, prescribes:

- (a) "The employer shall --- make available, a termination of employment medical examination --- [for the employee] who has been exposed to --- asbestos --- at or above the action level...."
- (b) "Pulmonary function tests shall be performed by a NIOSH-certified pulmonary technician."
- (c) Chest x-rays "shall be interpreted and classified only by a B-reader, a board eligible [or] certified radiologist, or an experienced physician with known expertise in pneumoconioses."

Accordingly, and because of similar requirements in other occupational health standards, and EPA Orders: (a) a board certified occupational physician is required to oversee and review all medical examinations; (b) duly-credited technicians and/or laboratories are required to perform chest X-ray, audiometry, blood leads, spirometry and certain other tests; (c) certain tests are required to be performed in certified locations with appropriate, certified, calibrated equipment, and (d) Mammography facilities are required to be accredited by the American College of Radiography.

#### 4.d. Medical Examinations.

Medical examinations involve:

- A Baseline Examination, initially at the time of job assignment, and -
- Periodic Examination(s):
  - Core Examination(s).
  - Exposure-Specific Examination(s) and Biological Testing.

##### 4.d.1. The Baseline Medical Examination.

The baseline medical examination is a one-time, comprehensive, *pre-job assignment, post-employment*, medical examination. Medical findings in the baseline (or periodic) examination do not impact on employment, but they may impact on job assignment. The main purpose of the baseline medical examination is to assure that the employee is provided work which is free of recognizable hazards. This may require administrative and engineered controls to be employed.

The baseline is performed before occupational exposures to hazardous substances or arduous stresses occur in any job assignment.

The baseline examination provides information to the physician needed to:

- (a) Ascertain the employee's health status, capabilities and limitations.
- (b) Assure that the employee will be safeguarded in the assigned work.
- (c) Determine whether subsequent work is likely to cause an adverse health effect, or will pose a significant safety risk.
- (d) Conduct medical surveillance on populations and groups.
- (e) Counsel the employee, and discuss his/her concerns.

The scope of the *baseline individual* medical examination comprises:

- Exposure Assessment (using the Exposure Profile report).
- Detailed Medical Questionnaire.
- Medical Examination.
- Screening For Diseases.
- Comprehensive Biological Monitoring (heavy metals, PCB's, ChE's).
- Vaccination-Update.
- Employee Medical Counselling.
- Medical Referral.

These components are described in detail later.

The scope of the baseline examination exceeds the immediate needs of any one job category. This is because a multitude of potential hazardous exposures exists in the Agency's business, and employees can be assigned to multi-media tasks, and they may move to other jobs.

Individual medical examination, screening, testing and counselling are intended to detect any condition that might cause the employee to be at risk in a particular assignment. Vaccination is made available as an "update" service to field and laboratory workers, and to travellers to foreign countries. Employee counselling is made available on reproductive hazards, fetal hazards, cancer hazards, stress and anxiety, and other matters of concern to employees. Referral of an employee to a private physician is made when (i) the program physician finds *any* condition needing medical care, or (ii) the employee so requests, *and* the physician concurs.

#### 4.d.2. Specified Components Of The Baseline.

- Histories re: hazardous exposures, medical/surgical matters, immediate family illnesses, occupational illnesses, and more.
- Establishing Records re: vaccination, x-ray, exercise tolerance, etc.,
- Availability of Re-vaccination, as recommended by the physician, using established medical consensus standards.
- Physical Examination & Screening.
- Visual Acuity / Availability of Tonometry\*.
- Pulmonary Function - FEV, FEV<sub>1.0</sub>, FVC, FEV/FVC.
- Chest X-Ray (P-A exposure), per medical recommendation.
- Availability of Breast Examination / Mammography\*.
- Availability of Testicle Examination\*.
- Audiometry, methodology and periodicity per best medical recommendations (and OSHA, at 29 CFR. 1910.95(g)).
- 12-Lead electrocardiogram.
- Availability of Graded Exercise Tolerance test\*, per medical recommendation.
- Blood Work-Up. CBC with differential, SMA-24.
- RBC-Cholinesterase.
- Routine Urinalysis [this is not a drug screen]
- Rectal Examination\* + Proctosigmoidoscopy + Prostate (males).
- Stool hemocult blood\* + EZ Detect<sup>(R)</sup>, or equivalent.
- Methemoglobin (only for exposures to heme (Fe) oxidizers).
- Heavy Metal Screen: Lead. Arsenic. Mercury (urine S.G. standardized).
- Lead, whole blood\*.
- PCB [on serum]. Not repeated annually, absent indication of need.
- Pelvic Examination & Pap test\*.
- Lyme Disease Anti-body Titer\*, available per medical recommendation.

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\* Indicates that (a) the test may be either required, or made available, depending on the potential risk, or (b) certain medical reservations apply to using the test (the graded exercise tolerance test has been associated with a significant false-positive level).

Notes on Medical Tests (in order of listing in the Baseline Examination).

1. *Vaccination: For waste water treatment plant inspectors, and others. Update vaccinations are offered (NIOSH recommendations apply).*
2. *Tonometry: Non-eye contacting test only is recommended.*
3. *Chest X-ray: Repeated only every five years, as a general guide.*
4. *Graded Exercise tolerance: A cardiologist should determine the need to test employees under 40 years even if there are not evident risk factor(s). Test may be required in stressful job categories. Testing may be required by the physician prior to medical clearance in cases of MI; Angina, and other cardiovascular disease states. False positives and risks of a heart attack are concerns with this test.*
5. *Pulmonary Function test: Unconditional clearance for respirator use at 75% or more of the relevant norm in FEV1, FVC, FEV1/FVC. Clearance (?), at lower values, per physician determination.*
6. *Breast Examination and Mammography: Optional. Mammography will be offered ANNUALLY for females aged 40 years or more.*
7. *Audiometry: Biennially, except when an annual audiogram is required per the OSHA Hearing Conservation Standard (29 CFR 1910.95).*
8. *RBC-Cholinesterase: Only for thiophosphate, organophosphate or carbamate recent exposures, or an episodic situation. Not routinely performed in periodic examination, absent indication of exposure.*
9. *Rectal Examination/Stool Occult Blood: Optional, but strongly promoted.*
10. *Methemoglobin: Fe (II) oxidation. Only tested in a case of prolonged exposure to nitrites and certain organic compounds (e.g., phenyl hydroxylamine, N-hydroxy-p-acetophenone, amyl nitrite).*
11. *Lead, Whole Blood: Only with recent significant exposure.*
12. *PCB, serum: As for 10, above.*
13. *Lyme disease anti-body titer: Optional. The significance of a positive result in this test in the baseline, absent evidence of an (infected) I. Dammini tick bite, is in question. When an employee elects to take the test, its significance will be discussed in employee counselling. This test will not be repeated in the periodic examination, absent an indication of a bite by an (infected) I. Dammini tick, or signs of same. Employee education/medical counselling is important to preventing disease when Lyme disease is an occupational risk.*
14. *Pelvic Examinations (and breast and rectal examinations) are made available in the program. The participant may prefer to be examined by a private physician. Examinations by a private physician can not be paid through this program. When the examinations are performed by a private physician, the employee should inform the program physician of the fact ( every physical examination of a female by a male physician will be done in the presence of a female health care professional).*

#### 4.d.3. The Periodic Medical Examination.

The *periodic* examination is:

- An Exposure Assessment (using the Exposure Profile report).
- A Core Examination + *Exposure-Specific* Testing.
- Conducted Annually for *Most* Participants.
- Made Available More Frequently than Annually, With Abnormalities or Indicative Findings in the Physician's Health Risk Assessment.
- Made Available Biennially\* When Risks Are Minimal (that is, the risk factors indicate a biennial examination).

The purpose of providing periodic examinations is two-fold: To assure that the individual employee's health or safety is not being affected adversely by the work assignment. To identify by surveillance of a population or group early changes and/or trends in the health status of the population or group.

The core examination is fixed (described later). The associated, exposure-specific testing is established primarily by the examining physician, based on an assessment of the exposure profile, job category, and medical surveillance provisions in OSHA health standards when they are applicable. The frequency of a non-annual periodic examination is established primarily on the recommendation of the examining physician, based on individual health risk assessment. The concurrence of the Regional Health and Safety Manager is required in providing a non-annual periodic examination.

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*\* Some reporting units have proposed/used 2, 3, or 5 year periodic examinations for minimal-risk groups. The choice is arbitrary and is not medically-based, in most cases. In Region 1, a 2-year periodicity is used in examining an employee who is at minimal risk and is in the program.*

#### 4.d.3.(i). The Core Examination.

The scope of the core medical examination is:

- Work History.
- Exposure Profile (Health Risk Assessment).
- Medical Questionnaire.
- Physical Examination.
- Standard Blood Chemistry.
- Standard Urinalysis.
- Employee Counselling.
- Medical Referral.
- Screening\*

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*\* Re: CNS, Skin, Lung, Liver, Kidney, Cardio-Vascular and other systems.*

#### 4.d.3.(ii). The Exposure-Specific Component of The Periodic Examination.

Employees in different job categories will require different exposure-specific examinations and appropriate biological testing\*. Pesticide program inspectors require examinations which focus on neurological impact. They may require blood monitoring for red blood cell cholinesterase, if recent exposures to organophosphate, thiophosphate, or carbamate pesticides exist. Asbestos program inspectors require examination with a focus on pulmonary function and pulmonary-structure changes. Employees with significant (in terms of the OSHA lead standard) exposure to lead may be tested for whole-blood lead and zinc protoporphyrin. Employees with recent exposure to PCBs may be tested for PCB (serum) - - and, so on and so forth.

Generally, biological tests for specific substances are only performed based on specific evidence of potential exposure over the prior year, within the limits of the biological persistence of the hazardous substance.

Completely defining each of the many possible sets of exposure- and risk-specific examinations is not very practical, and it is not necessary. The physician has the primary responsibility for determining the focus which is required for examining employees in various job categories.

To summarize: The periodic medical examination comprises a core examination component (which is used every time) and an exposure / risk-specific component (which may vary between job categories). "Periodic" means annual (but other examination-frequencies may be recommended by the physician and employed by the Agency). Examinations are performed in accordance with all relevant and applicable (OSHA) health standard(s) and (NIOSH) medical recommendations. The full scope of the examination is established by the examining occupational physician (based on information provided by the employee, any applicable OSHA health standard, a NIOSH recommendation, and the Regional Health and Safety Manager).

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\* *Biological testing is used to complement, or in lieu of, industrial hygiene exposure monitoring, and may be specifically required by a relevant, applicable health standard or regulation. Biological tests are ordered, as appropriate, when specific exposures are identified. Biological tests will only be ordered when the relevant biological half-life and the exposure episode are such that testing is sensible. Extensive biological testing is not justified in most cases. In serious-hazard investigation, industrial hygiene assessments are called for, rather than biological testing, to assess risks.*

4.e. Confidential Employee Counselling/Referral.

Medical counselling is provided to the employee during every medical examination. Counselling will not be restricted to a specific job category. It may address stress and anxiety, concerns of male/female reproduction, or fetal hazards. Counselling is provided with complete confidentiality. The examining physician will refer the employee to other medical professionals, when the physician deems it appropriate.

4.f. The Contract-Prescribed Program.

Terms of a contract or agreement may prescribe (i) the scope of work and services to be provided, (ii) the minimal content of the baseline and periodic examinations, and (iii) special tests which are allowed. Certain tests which are not prescribed specifically but which may be needed may be provided, at the discretion of the examining physician (subject to a subsequent concurrence by the Regional Health and Safety Manager. Tests must be authorized before payment can be approved). For example, sputum cytology for cadmium, while it is not referenced specifically in the contract, might be employed as a special test at the time the participant presents her(him) self for examination, when the physician determines that investigation into an occupational risk is merited.

In summary, in the scope of the program, periodic physical examination, special testing, and medical counselling are to be provided or made available to safeguard the individual employee, and to identify individual and population changes in medical status.

4.g. Participation Requirement-Criteria.

4.g.1. Participation Requirement.

Participation in a baseline-annual periodic examination protocol is required for certain defined job categories, and in certain circumstances. Participation is required to assure that the employer provides its employees with work which is safe (which is the general duty of an employer, under OSHA).

In some circumstances, participation may not be required, but may be advisable. In this case, employees will be encouraged to participate in a specific-risk, medical monitoring program, by the Regional Health and Safety Manager, the supervisor, and others.

4.g.2. *Criteria For Required Participation (Baseline-Annual Examination).*

*Criteria for required participation in a medical program exist which are based on (i) occupational risks, and (ii) relevant and applicable OSHA standards.*

A. *Criteria Defined.*

- (a) *Job Category (specifically listed here-after).*
- (b) *Participation Mandated by OSHA \**
- (c) *Participation Mandated by EPA Order.*
- (e) *Wearing A Respirator for 30 Days/Year.*
- (h) *HAZMAT-Assigned Duties.*
- (i) *Field/Laboratory Work And Significant Health Problems\*\* (such as, Diabetes, Coronary Artery Disease, Abnormal Liver Function).*

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*\* OSHA standards or regulations at 29 CFR 1910. sections (120), (134), (1000-1500) are relevant, and may apply, depending on assignments, activities, exposure levels, and other factors. The "30 days/year" is an OSHA criterion for medical surveillance.*

*\*\* Very special attention is needed to be given by a manager in re-assigning an employee with a significant health problem to driving a car or to doing field work, when the person seems to have had a recent problem (for which the manager properly restricted the duties at the time) but now seems to the manager to be all right. In this case, the manager could be making a MEDICAL judgment, and might be placing -- (i) the employee in harm's way; (ii) the Agency, in violation of a legal duty; (iii) and her (him) self, at legal risk. Please see sections 5 (c.2.), 6 (B & D), and 9, herein, for more information and guidance on this point.*

B. *Job Category (J.C.) & Required Participation.*

*The JOB CATEGORIES listed here (and numbered for reference in the Exposure Profile Questionnaire, and the Job Profiles):*

- 1. *Entail significant chemical or physical hazards, or OSHA coverage.*
- 2. *Require program participation.*

- J.C. #1 *[1 A] Superfund- or [1 B] RCRA- Program Site Managers.*
- J.C. #2 *RCRA-Program Inspector With 30 Days/Year, Field Assignment.*
- J.C. #3 *Remedial Project Managers (Superfund Program).*
- J.C. #4 *Field Sampling Personnel.*
- J.C. #5 *Emergency Response Program Personnel.*
- J.C. #6 *On-Scene Coordinators.*
- J.C. #7 *NESHAPS (Asbestos enforcement) Field Inspectors.*
- J.C. #8 *AHERA (Asbestos enforcement) Field Inspectors.*
- J.C. #9 *Laboratory Workers With On-Going Hazardous Chemical Exposure.*

- J.C.#10 Stack Samplers.
  - J.C.#11 UST-Program Inspectors With 30 Days/Year, Field Assignments.
  - J.C.#12 FIFRA/TSCA-Enforcement Officers With 30 Days/Year Field Assn.
  - J.C.#13 Medical Waste Program Field Inspectors.
  - J.C.#14 Waste Water Treatment Inspectors, or Raw Water\* Samplers, With 30 Days/Year, Field Assignment.
  - J.C.#15 Divers (covered by the OSHA Diving Standard).
- 

\* *Surface/river/stream-raw waters may look pristine, but they can be contaminated by Giardia and other dangerous micro-organisms. These agents are difficult to monitor. Samplers may face significant biological hazards.*

#### 4.h. Participation In A Modified-Periodic Examination.

Participation in a *modified-periodic examination* will be recommended rather than required, but it may be required in some cases. A field/laboratory worker may be required to undergo a more frequent-than-annual examination when a condition exists which is causing an work problem, and there is an underlying medical impairment. A recommendation for performing a *more-frequent-than-annual* examination should be supported by a physician.

Certain field or laboratory workers, managers and supervisors who are not required to participate in a baseline-annual medical program, ought to participate in an appropriate medical program, depending on their activities, and the existence of one or more of the following factors:

- Prior medical history, or an adverse medical finding.
- An acute health or safety risk .
- Field inspections at physical plants and job sites are performed less than 30 days per year, and a recognizable risk exists.
- Retirement/Job termination is planned, the employee has been in an Agency occupational medical surveillance program, and the last examination occurred 90 days or more before the retirement date.

A *biennial* examination (*examination every two years*), and any needed episodic examination will be made available to these employees. This will be subject to:

- (i) a recommendation by a supervisor, a competent person or a physician,
- (ii) the concurrence of the Regional Health and Safety Manager.

Employees who either (i) perform field work but who are only minimally and infrequently (*less than 30 days/year*) exposed to hazardous substances and/or arduous duty, or (ii) engage in less than 30 days/year in field duties/laboratory duties may be considered for participation in a *biennial periodic* examination program.

For these employees, participation in an appropriate medical examination will not be mandatory. The examination will comprise exposure assessment, physical examination, screening, employee-counselling, and medical referral. Participation in a modified-periodic program and provision of special examinations and/or tests may be requested by the employee, his or her supervisor, the Division Contact, or the examining physician. The request will be directed to the Regional Health and Safety Manager. Such participation, and payment for physician-services, can be authorized only by the Regional Health and Safety Manager.

Managers and supervisors whose work involves only minimal occupational risks, or who work less than 30 days in 12 continuous months within relevant OSHA or NIOSH permissible or recommended exposure limits, will not be *required* ordinarily to participate in the medical surveillance program.

## 5. MEDICAL RECORDS.

### 5.a. Format.

Occupational medical/history questionnaires, and medical examination forms will be used throughout the program which are in accordance with the Americans With Disabilities Act of 1991 (P.L.101-336).

Forms designed to facilitate (i) the evaluation of individual health status changes, and (ii) the identification of population trends (regionally and nationally) will be used when they become available. Note: Computerized forms are planned to be incorporated into the national program in the future to support medical surveillance efforts by the Agency.

### 5.b. Retention and Confidentiality of Records.

Medical records will be maintained for a period of not less than 40 years. All records will be maintained confidential. No specific finding or diagnosis which is not related to occupational exposure may be revealed by the physician to the employer. Occupationally related findings may be reported only to the Regional Health and Safety Manager by the physician, on a need-to-know basis, and only as ethically proper (a pertinent OSHA standard for medical record-keeping exists at 29 CFR 1910.20).

**5.c. Use/Transfer Of Medical Information & Reports.**

**5.c.1. Provision of Medical Information.**

Medical information which is occupationally-related only may be provided to the employer by the program physician. The physician is required to maintain confidentiality.

**5.c.2. Job Restriction.**

Information pertaining to occupational job restrictions will be provided to the employer by the physician. This information will not include a diagnosis or information pertaining to the actual medical condition underlying the physician's recommendation (to restrict the activities and exposures of the employee).

Recommendations to establish a medically-based, occupational restriction on an employee will be provided by the examining physician directly to the Regional Health and Safety Manager. The affected employee will be notified directly by the physician. The employee will immediately inform the immediate supervisor of the recommended restriction. The Regional Health and Safety Manager will immediately notify, in writing, the immediate supervisor, the senior manager, and the Human Resources Branch of every medical restriction placed on the employee.

The physician is required to assure that a specific diagnosis is not reported, in the process of establishing an occupational medical restriction, to the employer or a third party. The physician may report an *occupational* health condition in confidence to the Regional Health and Safety Manager when the physician deems it necessary to assure that the employer maintains an adequate employee safety program.

**A CAUTION TO SUPERVISORS re: OCCUPATIONAL RESTRICTIONS:**

A supervisor may place (and quite properly do so) an occupational restriction on an employee, based on the supervisor's assessment of the immediate situation involving a medical impairment. However, *once done, this action can not be reversed by the supervisor, based on his/her (medically-unsupported) opinion* that the need has passed for the restriction, and that it is now all right to re-assign the employee (to driving a car, working in the field, climbing ladders -- and so on and so forth). The supervisor may not exercise *medical judgment* on behalf of the Agency. The supervisor should contact directly the Regional Health and Safety Manager. An examination will be arranged.

**5.c.3. Medical/Epidemiologic Use.**

Occupational medical records may be reviewed and employed in medical and epidemiologic studies only by authorized medical personnel and persons whom they delegate, acting on behalf of the employer.

The examining physician may be required to make available complete medical records to the EPA Headquarters. At Headquarters, these records are maintained in restricted-entry, medical files. Access to the Headquarters medical records/files is restricted to only an authorized physician and /or his/her designee, acting on behalf of the employer.

**5.c.4. Access To Records By A Third Party.**

Access by a third party to medical information on file and/or the medical record requires the prior approval, in writing, of the affected employee.

**5.c.5. Transfer Of Secured Records**

In the absence of a written authorization to release a record/file to EPA Headquarters, by the affected employee, a transfer may be effected, but only if and when a physician (i) seals the medical record(s), and (ii) signifies: "No Employee Authorization To Release Records Exists."

**5.c.6. Provision and Availability Of Records.**

The physician will provide the employee a copy of the written medical opinions concerning the employee's medical condition, and all results of the medical examination and tests. A copy of the medical file may be provided to the employee upon an oral request of the employee. The employee can authorize a release of medical information to an authorized EPA medical representative, a personal physician, or a third party, in which case a signed authorization will be required.

**5.c.7. Use of An Examination For Entry into a Fitness Program.**

The examining physician may use an examination conducted under this occupational surveillance program, as he/she finds appropriate, to recommend entry into a (separate) employee wellness/fitness program.

## 6. RESPONSIBILITIES

- A. The Director, U.S. EPA SHEMD is responsible for:
- (1) Establishing a national Quality Action Team to develop a national medical surveillance policy and program instruction.
  - (2) Developing/promulgating guidance documentation for risk-based, medical surveillance programs.
  - (3) Establishing instructions to assure that the Agency's policy is implemented consistently throughout the agency.
  - (4) Reviewing and approving each reporting unit's program.
  - (5) Assuring that all occupational medical records are properly used, transferred, provided, and maintained.
  - (6) National population surveillance efforts, and providing formats and forms designed for such surveillance.
  - (7) Advising Regional Health and Safety Managers on issues related to the national program.
- B. The Regional Health and Safety Manager is responsible for:
- (1) Preparing a regional, risk-based, occupational medical surveillance program which meets current requirements for a risk-based medical surveillance program.
  - (2) Implementing, and managing an approved Regional program.
  - (3) Providing information and program documentation to employees, supervisors, managers and other persons who have responsibilities in the program.
  - (4) Assuring that all of the procedures which are necessary for the success of the program are established, implemented and maintained.
  - (5) Advising managers and supervisors on all issues relating to the national and regional medical surveillance program.
  - (6) Auditing compliance with the program, and preparing periodic reports for management on the performance and management of the program.
  - (7) Interpreting program requirements and the provisions in the approved program of the reporting unit.
  - (8) Assuring that the program is operated without waste or abuse.
  - (9) Apprising supervisors of any required corrective action.
  - (10) Expediting the return-to-assignment status, when permissible, of an employee on temporary restriction.
  - (11) Responding to a supervisor's notification of (i) an employee's refusal to participate in the program, and/or (ii) an occupational safety or health problem with an employee. This involves evaluating the situation, providing guidance to the supervisor, appropriate review with the H.R.B.-personnel, and other assistance.

- (12) Reporting to senior managers information on employee problems, program activities, etc., as it relates to this program.
- (13) Assuring compliance with applicable EPA Orders and the requirements of the contract for professional health services.
- (14) Concurring with, and approving payment for, medical services.

C. Division Contacts are responsible for:

- (1) Establishing rosters, and submitting names of prospective participants for approval to the Regional Health and Safety Manager, and for assuring that the division implements the Regional program.
- (2) Maintain records of participation.
- (3) Providing questionnaires, forms and information to employees.
- (4) Providing information, records and program assistance to the Regional Health and Safety Manager.

D. Managers and Supervisors are responsible for:

- (1) Instructing employees in the requirements of the medical surveillance program and the prescribed procedures to be followed.
- (2) Assuring employees who are required to be in the program undertake the required examination before they are assigned to the field or laboratory activities which require participation in the program.
- (3) Providing employees with pre-examination questionnaires. The questionnaire is to be completed by the employee before going for medical examination.
- (4) Assuring medical examination appointments are kept.  
Cancellations must be made in a timely manner.
- (5) Assuring their employees participate in the medical surveillance program, as required. This includes identification, and assignment of affected employees, and record-keeping (re: employees' names, social security numbers, examination dates, and regular or special job assignment categories).
- (6) Providing reports and records concerning an employee's assignment, condition, problem, etc., related to this program, to the Regional Health and Safety Manager, as and when indicated by the nature of the matter, or as required by the Regional Health and Safety Manager.
- (7) Following the procedures established herein.

- (8) Informing their employees of (a) the rules of confidentiality which apply in the program, and (b) the need of the Agency Headquarters medical personnel/agents to have employee-authorized access to medical records. Authorized access facilitates studies by the medical personnel of employee-health trends and risks.
- (9) Providing safe and healthful places and conditions of employment for their employees.
- (10) Requiring employees to work safely.
- (11) Encouraging the keeping of individual exposure log books.

E. The Examining Physician is responsible for:

- (1) Conducting appropriate health risk assessments, and examinations.
- (2) Counselling employees on their concerns.
- (3) Performing/ordering biological monitoring/test at the frequency required by an applicable OSHA standard.
- (4) Advising the employee directly of any adverse findings, or any medical need to avoid an exposure to a toxic substance or agent, or any need to see a personal physician.
- (5) Notifying the Regional Health and Safety Manager (orally, immediately; in writing, within five days) of any recommended medical restriction.
- (6) Assuring that medical monitoring records are treated confidentially, and that records, notices and invoices are maintained, processed, and provided, as appropriate.
- (7) Providing rosters of employees for whom the physician recommends a modified-periodic examination, quarterly to the Health and Safety Manager.
- (8) Medical Records Retention (per OSHA, at 29 CFR. 1910. 20).
- (9) Being available to meet with the Regional Health and Safety Manager one hour per month to review medical findings, and exposure profiles (copies to be provided to the Regional Health and Safety Manager).

F. Employee-Participants are responsible for:

- (1) Participating in the program, as reasonably required.
- (2) Appearing at the clinic for examination \* at the appointed time.

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**\* A NOTE ON FASTING BEFORE THE EXAMINATION:** Ordinarily, fasting will not be necessary. However, the employee should fast for 12 hours before the examination if (i) a blood cholesterol and/or triglycerides are needed as risk-factor determinants, or (ii) cholesterol or triglycerides have to be accurately measured. Contact the Doctor's office for more information.

- (3) Maintaining personal exposure-information (*use of a log book of exposures, PPE used, dates, times, places, etc. is recommended*).
- (4) Carefully completing the medical history, and the exposure profile questionnaires before going to the examination.
- (5) Notifying the supervisor of every medical restriction.
- (6) Avoiding intake of fat/milk/butter for 12 hours before examination, when required by the physician (*strict fasting before the examination will not be needed generally*).

G. The Human Resources Branch Chief is responsible for:

- (1) Incorporating (directly or by reference) any required program participation, and any provision of this program which is appropriate into the Position Descriptions.
- (2) Assessing the job assignment impact of any medical restriction placed on the employee.
- (3) Advising and counselling employees, supervisors and managers regarding a problem with a work assignment or a refusal to participate in a *required*, medical examination.

7. PROCEDURES (And Comments).

7.1. Identification/Approval Of Participants. Attendance Verification.

Prospective participants are identified by their immediate supervisors according to the criteria established herein. Participation must be approved by the Regional Health and Safety Manager.

Each Division Contact establishes rosters for the annual examinations, and submits them to the Regional Health and Safety Manager. The physician is authorized to proceed by the Regional Health and Safety Manager. Approved participants are scheduled for examination by the Division Contacts. Records of scheduling and presentation for examination are maintained by each Division Contact, and the physician's office. Quarterly, and more frequently when required, the physician's office submits (a) the record of examination, (b) copies of the corresponding employee-signed attendance sheets, and (c) the examinations-invoice copy. All three submittals are required in order to authorize payment.

## **7.2. Provision Of Pre-Examination Materials/Information.\***

The medical questionnaire, the exposure profile questionnaire, the employee-authorization to release medical records-form, the employee decline-to-participate form, and directions regarding fasting requirements and travelling to the clinic will be provided by each Division Contact. The physician's office will provide relevant materials and information (please see the appendix section for forms).

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*\* It is anticipated that medical questionnaires, exposure profile-forms and medical-status forms will be designed facilitate undertaking future national occupational health surveillance. As this material becomes available, it will be introduced for use in the current Region 1 program.*

## **7.3. Scheduling/Notification Of Employees/Record Of Examinations.**

### **7.3(a). Scheduling/Notification Of Examinations.**

Employees may schedule their examinations directly, with the knowledge and concurrence of the supervisor and the Division Contact. Groups of individuals will be scheduled for examination in discrete periods of time, usually in one-month periods, in accordance with the dates and times made available by the physician's office. Division Contacts shall arrange the scheduling of examinations.

### **7.3(b). Record Of Examination-Attendances.**

Records of (i) designated participants, and (ii) examination attendances should be maintained, and retained for a period of 3 years by the supervisor and/or the Division Contact. These records will be used to validate billing. Also, they may be required to be provided to employees' representatives, a program auditor, or personnel from the EPA Inspector General's Office.

## **8. REFUSAL TO PARTICIPATE. REFERRAL TO HRB-PERSONNEL.**

### **8.1. Explanation Of The Requirement To Participate.**

An employee who refuses to participate in a required examination will be given an explanation of the program, what is required, and why it is required. A copy of (i) this document, (ii) the regulation covering Agency authority, at 5 CFR Part 339, Subpart C, and (iii) any relevant OSHA standard will be given to the employee. The employee will be asked to complete a declination-form if he/she continues to decline to participate as required (see Form: Appendix 3).

## 8.2. Referral To Human Resources Personnel.

After provision by the supervisor of a full explanation of the requirements and the program, and if the employee declines to participate, the matter will be referred to the Human Resources Branch. The supervisor/manager will immediately inform the Regional Health and Safety Manager.

The Human Resources Branch chief or her/his designee will resolve the issue, in consultation with the supervisor and the Regional Health and Safety Manager.

## 9. JOB RESTRICTION.

The physician *recommends* any job restriction, and informs the employee and the Regional Health and Safety Manager (*orally, immediately; in writing, within five working days*). In a case of a work-related restriction, the physician is required to specify the causal aspects for the medical record, and will so notify the employee, and the employer and its representatives. The employee *will inform* the supervisor immediately of the recommendation of restriction.

The Regional Health and Safety Manager discusses the restriction with (i) the physician, and (ii) the employee, when and as necessary, and *establishes* an occupational restriction, *in writing*. The established job restriction is communicated (*orally, immediately*) to the supervisor. Thereafter, it is communicated (*in writing, within one working day*) to the supervisor, the senior manager, and the Human Resources Branch chief. The Regional Health and Safety Manager *provides* a copy of the established occupational restriction to the Human Resources Branch, for placement in the employee's record of employment file.

## SPECIAL NOTE ON OCCUPATIONAL RESTRICTION RELATED TO A MEDICAL MATTER.

A supervisor can quite properly occupational restrict an employee, based on a perception or opinion of a problem with has an underlying medical impairment. In this case, The supervisor *must* notify, *immediately and directly*, the Region 1 Health and Safety Manager, who will arrange for a medical examination, as appropriate, and advise the supervisor and senior managers regarding the situation. In such a situation, the supervisor *may not* return the affected employee to the assignment, based on his/her judgment or opinion of the (medical) condition. The supervisor *is not authorized* to make medical judgment on behalf of the Agency. The Health and Safety Manager will assist in resolving such problems.

**10. CERTIFICATION OF RESPIRATOR-USE/OTHER PERSONAL PROTECTIVE EQUIPMENT.**

The physician provides the Certification-of-Respirator-Use, based on the medical examination findings.

The physician informs the employee directly of any medical restriction on using a respirator, and notifies the Regional Health and Safety Manager and the immediate supervisor (in writing, using the Certification form) of the employee's medical competency to use a respirator, or any related restriction. The Regional Health and Safety Manager will notify the employee's supervisor of every required restriction regarding using a respirator (or any other personal protective equipment).

The certificate may reference any need for the employee to use ( and any restriction on using) personal protective equipment.

Certificates will be maintained in the Regional Safety Office.

## ***APPENDIX***



**STANDARDS/GUIDANCE SOURCES**

1. The Asbestos standard "Medical Surveillance" provisions, 29 CFR. 1910.1001(l).
2. NIOSH/OSHA /USCG/EPA; "Occupational Safety and Health Guidance Manual For Hazardous Waste Site Activities. DHHS (NIOSH) Publication No. 85-115; 1985.
3. "Hazardous Waste Operations and Emergency Response" 1989 regulation at 29 CFR. 1910.120. DOL. OSHA.
4. "Occupational Exposure To Hazardous Chemicals in Laboratories." [the Laboratory standard of OSHA, 1990 at 29 CFR.1910.1450.]
5. OSHA General Industry Standard, Subpart Z  
[ PELs, and for specific sections for specified chemicals,  
at 29 CFR 1910. 1000 to End].



## APPENDIX 2.

### Duties/Exposure/Hazard-Analyses, By Major Job Categories\*

#### Field Sampling Personnel

[REGION 1, MED. PROGRAM JOB CAT. NO. 4]

General Description of Duties - Inspections of facilities having NPDES/RCRA permits (including labs), sampling of process streams, effluent, and landfill media. These employees prepare their own sampling jars. This work includes solvent-rinsing with acetone and hexane, usually in a laboratory hood.

Exposure Potential - Highly variable. Potential exists for an exposure to any of the hazardous materials regulated under NPDES/RCRA. Acids used to "set" some of the water samples collected. Also, exposure to Giardia L., for some.

Frequency of Fieldwork - Typically more than one month total per year.

Severity/Nature of Exposure - Variable and not always predictable. Some conditions are well characterized, others are not. Bio-hazards for some( malaise, non-specific illness possible).

Protective Equipment Use - Negative pressure respirator, Tyvek/Saran coated coveralls may be used. Gloves are used.

Physical Demands - Moderate. Hauling equipment, entering manholes, climbing structures may be undertaken. Heat stress/physiological stress possible.

#### Emergency Response Personnel

[REGION 1, MED. PROGRAM JOB CAT. NO. 5]

General Description of Duties - Emergency response to fires and spills involving hazardous materials. Oversight of remediation activities at hazardous waste sites.

Exposure Potential - Commonly encountered substances - asbestos, solvents, pesticides, PCB's, acids/caustics, and metals.

Frequency of Fieldwork - one quarter or more of the total time is spent in the field. May spend several days to several weeks on-site.

Severity/Nature of Exposure - severity of exposure, unpredictable. Exposures are diverse.

Protective Equipment - Level B is routine for emergencies; lower order, at stabilized and well-characterized sites.

Physical Demands - Tasks may be arduous during emergency activities. Heat stress may exist in some phases of the response work.

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*\* The job categories and exposure profiles described above were first structured in this format, for use in establishing a medical monitoring program, by D. Haskins, RHSM, Region 2, to whom credit is given with pleasure. I have used the Region 2 job descriptions and exposures, with minor modifications and several additional job categories, in the Region 1 program. This is because of program similarities exist, and a 1987 job hazard analyses effort for all Region 1 laboratory and field workers, made by the writer and the HRB staff, agree with the categorization and exposure profile characterizations for Region 2.*

N.A.B. 2/7/92

**On-Scene Coordinator**

**[REGION 1, MED. PROGRAM JOB CAT. NO. 6]**

**General Description of Duties** - Management of sites undergoing remediation for contamination by hazardous materials.

**Exposure Potential** - Most commonly encountered substances include asbestos, solvents, pesticides, PCB's, acids/caustics, and metals.

**Frequency of Fieldwork** - Approximately one-third of total work time. A Coordinator may be stationed at a particular site for weeks or months at a time.

**Severity/Nature of Exposure** - unpredictable, sites are generally stabilized, but hazardous substances may still be present in bulk quantities.

**Protective Equipment** - Up to level B is available and may be used.

**Physical Demands** - Moderate, actual physical work on-site is done by contractors.

Physical stress with use of PPE may exist.

**NESHAPS-Asbestos Enforcement/Compliance Officers**

**[REGION 1, MED. PROGRAM JOB CAT. NO. 7]**

**General Description of Duties** - Oversee asbestos abatement planning, and periodically may witness asbestos removal, demolition, or renovation activities.

**Exposure Potential** - Primarily, asbestos.

**Frequency of Fieldwork** - Approximately two-three months total per year.

**Severity/Nature of Exposure** - Variable and unpredictable, but potentially above PEL. Most of work is at controlled demolition sites, but some work may take place at an uncontrolled (newly discovered) site. Sites MAY NOT BE in compliance with EPA/OSHA.

**Protective Equipment** - Up to Level B is available and may be used.

**Physical demands** - Moderate (walking, climbing, and stress with use of PPE).

**AHERA Enforcement/Compliance Officers**  
**[REGION 1, MED. PROGRAM JOB CAT. NO. 8]**

General Description of Duties - Audit asbestos management-activities (90% of these audits are in schools). Much of the work is paper-oriented (O&M plan reviews).

Exposure Potential - Asbestos.

Frequency of Fieldwork - 25% of total work time. However, only about 10% of total field time is reported to require actual presence in locations with ACM.

Severity/Nature of Exposure - Minimal, inspector may touch ACM to assess friability. No entry is permitted into restricted areas, (removal, maintenance areas).

Protective Equipment - Half-face/ff- APR's are available/not be used in most field visits.

Physical Demands - Light.

NOTE: The majority of these employees are not agency employees. They are AARP employees, assigned under contract to work for EPA.

**6. FIFRA Enforcement/Compliance Officers**  
**[REGION 1, MED. PROGRAM JOB CAT. NO. 12]**

General Description of Duties - Inspection/approval of pesticide import/shipment, including applicators licenses.

Exposure Potential - Primarily diazinon, possibly organophosphates/cabamates.

Frequency of Fieldwork - Typically less than one month total per year.

Employees in this category may be assigned to general field investigations, and/or work with the Customs Office inspecting pesticide imports, and states Pesticide Program Officers.

Severity/Nature of Exposure - low. On-site inspection occurs prior to, and only rarely subsequent to, pesticides application.

The employee who works with U.S. Customs reports occasions where containers are open, broken, and leaking.

Protective Equipment - Level D only.

Physical Demands - Light.

**TSCA Enforcement/Compliance Officers**

**[REGION 1, MED. PROGRAM JOB CAT. NO. As for FIFRA Program Group.]**

**General Description of Duties** - Inspects facilities, in conjunction with TSCA and SARA regulations. Work is mostly office-oriented paperwork, but occasionally it involves inspection of production facilities. The employee may inspect transformers to check for leaks and compliance with labeling requirements. On occasion, he/she may inspect laboratories where TSCA studies are performed. This is to insure good lab practices are being followed, per EPA guidance.

**Exposure Potential** - Any hazardous materials subject to regulation under TSCA/SARA.

**Frequency of Fieldwork** - Usually, less than one month total per year for most.

**Severity/Nature of Exposure** - Unknown, but likely to be low in operating facilities under normal conditions.

**Protective Equipment** - Level D only.

**Physical Demands** - Light.

**Laboratory Employees**

**[REGION 1, MED. PROGRAM JOB CAT. NO. 9]**

**General Description of Duties** - Performs various laboratory analysis of environmental samples. Typical activities include glassware preparation, standard preparation, sample preparation and analysis. Certain workers may control inventory/storage/disposal of hazardous waste. Some others may be involved in looking for Giardia in water samples.

**Exposure Potential** - Any substance potentially present in environmental media, solvents (methanol, methylene chloride, hexane, chloroform), metals (arsenic, lead, mercury), acids, and caustics.

**Frequency of Lab Work** - Daily.

**Severity/Nature of Exposure** - Low, assuming good lab safety practices are followed.

**Protective Equipment** - Safety glasses, gloves, aprons, and lab coats are available for use.

**Physical Demands** - Usually light with extended standing and some movement of compressed gas cylinders.

**UST Inspectors**

**[REGION 1, MED. PROGRAM JOB CAT. NO. 11]**

General Description of Duties - Inspection of petroleum and petroleum product tanks, primarily at distribution centers in conjunction with permitting and compliance work.

Exposure Potential - Petroleum and derivatives (heating oil). Physical hazards exist.

Frequency of Fieldwork - Usually less than one month per year, for most (all?)

Severity/Nature of Exposure - Low (visual inspection, no sampling). Physical hazards.

Protective Equipment - Level D only.

Physical Demands - Light.

**NPDES Inspectors**

**[REGION 1, MED. PROGRAM JOB CAT. NO. 14]**

General Description of Duties - Inspection of industrial and municipal water discharge and treatment systems regulated under NPDES.

Exposure Potential - Substances potentially volatilizing from water under treatment, or from incidental contact with process streams. Biological hazards may exist.

Frequency of Fieldwork - Mostly Less than 30 days per year.

Severity/Nature of Exposure - Expected to be minimal under normal site conditions.

Protective Equipment - Level D only.

Physical Demands - Light.

**Remedial Project Managers (Superfund) [A] and/or RCRA Facilities Managers [B].**  
**[REGION 1, MED. PROGRAM JOB CAT. NO(s). 1A, 1B, RESPECTIVELY]**

General Description of Duties - Serve as managers for remediation of NPL sites under CERCLA/RCRA. Manage clean-up contracts, and corrective sites under RCRA.

Exposure Potential - Any material potentially present at sites. Lyme disease - ticks.

Frequency of Fieldwork - Approximately 5-10% of total work time at sites.

Severity/Nature of Exposure - probably low; by the time the employee becomes involved in site work, the sites have been fully characterized and hazard zones have been established.

Protective Equipment - Up to Level B is available but rarely required/used.

Physical Demands - Light.

**RCRA Enforcement/Compliance Officer**  
**[REGION 1, MED. PROGRAM JOB CAT. NO. 2]**

General Description of Duties - Inspects and reviews permits for sites handling hazardous waste (including medical) under RCRA/TSCA regulations.

Exposure Potential - Potentially any substance/agent present at regulated sites.

Frequency of Fieldwork - Less than 30 days per year.

Severity/Nature of Exposure - probably low, conditions generally predictable.

Protective Equipment - To Level C is available but rarely required/used.

Physical Demands - Light.

**NESHAPS Inspectors, and Sampling Personnel**  
**[REGION 1, MED. PROGRAM JOB CAT. NO. 7]**

Risks are too variable to identify for groups. Duties and exposures need to be evaluated individually. Certain sampling personnel have arduous duty and face biological hazards. OSHA standards mandate participation in appropriate medical monitoring and surveillance programs. General industry OSHA standards have relevancy.

N.A.B. 2/7/92

**APPENDIX 3.**

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION I, BOSTON, MASSACHUSETTS**

**DATE:**

**SUBJECT:** Declination to Participate in the Medical Surveillance Program.

**FROM:** \_\_\_\_\_  
( Employee ) ( Soc. Sec. No. )

Division \_\_\_\_\_ Branch \_\_\_\_\_ Section \_\_\_\_\_

**To:** \_\_\_\_\_  
(Supervisor)

I hereby decline to participate in the regional medical surveillance program for personal/private/reasons\* \_\_\_\_\_. For the reason that (optional statement):  
(check off)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that you have explained to me the purpose of the program and the need to participate in it.

If at a later date I assent to participate in the program, I will notify you.

Signature of employee \_\_\_\_\_ Date [\_\_/\_\_/\_\_]

\_\_\_\_\_  
\* The signer may strike out a relevant part.



U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 1  
POST-EMPLOYMENT *BASELINE* MEDICAL QUESTIONNAIRE.

CONFIDENTIAL FOR MEDICAL USE ONLY

TO THE PARTICIPANT:

1. THE FOLLOWING MEDICAL QUESTIONNAIRE IS A POST-EMPLOYMENT MEDICAL SURVEILLANCE QUESTIONNAIRE.
2. IT MAY NOT BE USED UNTIL EMPLOYMENT IS FORMALIZED.
3. IT IS ENTIRELY CONFIDENTIAL, AND FOR MEDICAL USE ONLY.
4. ANSWERING THE QUESTIONS IS ENTIRELY VOLUNTARY. THE QUESTIONS ARE ASKED ONLY FOR THE PURPOSES OF FACILITATING THE INTERACTION OF YOURSELF AND THE PHYSICIAN, AND TO STRUCTURE A SATISFACTORY MEDICAL EXAMINATION.

Name \_\_\_\_\_ Age [ ] Date [ ]/ [ ]/ [ ].  
(Last) (First) (Middle)

EPA Organizational Unit \_\_\_\_\_ Location \_\_\_\_\_

Job Category/Title \_\_\_\_\_ Years in Present Job [ ].

Regular Work place/Building \_\_\_\_\_

Sex: Male [ ] Female [ ]

Please answer the following questions by checking the applicable blocks:

1. Have you ever been hospitalized? No [ ]. Yes [ ].

If yes, give details and dates:

\_\_\_\_\_

2. Have you ever had an operation? No [ ] I Yes [ ]

If yes, give details and dates:

\_\_\_\_\_

**Note To Participant:** When you have completed this questionnaire and marked it as you want, please provide it by hand directly to the Doctor or Nurse. Alternatively, if you mail it, please mark the envelope " To be Opened Only by Medical Personnel."

=====

[THIS QUESTIONNAIRE CAN BE USED ALSO FOR A PERIODIC EXAMINATION]

3. Have you ever been a resident outside the United States?

No ☐. Yes ☐. If yes, please list location(s) and date(s):

---

---

---

Indicate any occupational illnesses or injuries you have experienced since being employed by EPA:

---

---

---

Please make a list of those substances that you may handle in your work. Star those that particularly concern you from a health standpoint:

---

---

---

Do you have any suggestions to reduce potential exposures?

---

---

---

Indicate any symptoms that you have experienced that might be due to hazardous exposures, and indicate the suspected cause.

---

---

---

**FEMALES ONLY.**

Please list number of miscarriages if any.

Date of last Pap test? [  /  /  ]

Date of last menstrual period? [  /  /  ]

Any unusual discharge/bleeding in last 3 months? No ☐. Yes ☐.

Have you reached menopause? No ☐. Yes ☐.

## MEDICATION HISTORY.

Are you now taking, or have you taken any of the following drugs with in the Past month?

- |  |  |
|--|--|
| <input type="checkbox"/> Antacids                      | <input type="checkbox"/> Dexedrine           |
| <input type="checkbox"/> Antibiotics                   | <input type="checkbox"/> Digitalis           |
| <input type="checkbox"/> Anticoagulant (blood thinner) | <input type="checkbox"/> Diuretic            |
| <input type="checkbox"/> Antidepressants               | <input type="checkbox"/> Hormones            |
| <input type="checkbox"/> Antihistamines                | <input type="checkbox"/> Insulin or oral     |
| <input type="checkbox"/> Anti-diabetic drug            | <input type="checkbox"/> Appetite control    |
| <input type="checkbox"/> Laxatives                     | <input type="checkbox"/> (Suppressant pills) |
| <input type="checkbox"/> Aspirin                       | <input type="checkbox"/> Morphine            |
| <input type="checkbox"/> Birth Control Pills           | <input type="checkbox"/> Sleeping pills      |
| <input type="checkbox"/> Benzedrine                    | <input type="checkbox"/> Sulfa preparations  |
| <input type="checkbox"/> Blood Pressure Medication     | <input type="checkbox"/> Thyroid             |
| <input type="checkbox"/> Cortisone or steroids         | <input type="checkbox"/> Tranquilizers       |
| <input type="checkbox"/> Codeine                       | <input type="checkbox"/> Vitamins            |

List any drugs you take regularly.

[\_\_\_\_\_  
(YOU MAY WANT TO DISCUSS THIS WITH THE PHYSICIAN):

Have you been on any special diet(s) in the past year?

Yes []. No [].

If yes, describe type [\_\_\_\_\_]

Are you allergic to any of the following?

- ☐ (1) Pollens
- ☐ (2) House dust
- ☐ (3) Animal dander, feathers, or fur
- ☐ (4) Drugs
- ☐ (5) Vaccines
- ☐ (6) Serum
- ☐ (7) Metal/Jewelry
- ☐ (8) Foods
- ☐ (9) Sunlight or cold

If yes, please provide details to the physician.

1. ANSWERING THE FOLLOWING QUESTIONS IS VOLUNTARY.
2. ALL ANSWERS WILL BE MAINTAINED CONFIDENTIAL.
3. THE INFORMATION IS ONLY USED BY THE PHYSICIAN IN HIS/HER PROFESSIONAL WORK.

Do you drink alcoholic beverages? Yes ☐. No ☐.

If yes, please answer the following:

Do you drink more than one bottle of beer per day?

Yes ☐. No ☐.

Do you drink more than a bottle of wine per week?

Yes ☐. No ☐.

Do you drink more than a fifth of liquor per week?

Yes ☐. No ☐.

Do you smoke? Yes ☐. No ☐.

If no, are you a former smoker? Yes ☐. No ☐.

If yes, how long ago did you quit?  Years.

How many years did you smoke?  Years.

How much were you smoking when you quit?

(Cigarettes, "pipes," or cigars smoked/day)

How long have you smoked?  Years.

How much do you now smoke/day? .

**IMMUNIZATION, VACCINES, ANTITOXINS, etc.**

Please check if you have received any of the following, and if yes, give approximate date(s) when last received, if known.

**Date(s)**

- ☐ Tetanus
- ☐ Poliomyelitis
- ☐ Influenza
- ☐ Typhoid
- ☐ Diphtheria
- ☐ Rabies
- ☐ Rubella (German measles)
- ☐ Measles (Rubeola or red measles)
- ☐ BCG
- ☐ Yellow fever
- ☐ Small Pox
- ☐ RhoGAM (Rh immune globulin)
- ☐ Immune serum globulin for hepatitis
- ☐ Hepatitis B
- ☐ Mantoux, Patch test, or other skin test for T.B.

(Give Result & Date of the last test, if known):

Mantoux Test Result ☐ Positive. ☐ Negative On [\_\_\_\_/\_\_\_\_/\_\_\_\_].

## FAMILY HISTORY

ANSWERING THIS PART IS COMPLETELY VOLUNTARY.

Indicate any blood relatives who ever had any of the following diseases/conditions. If you consent, please discuss with the physician as he/she inquires.

Relative(s):

Condition:

[ ] [ ]

\_\_\_\_\_

- Anemia
- Arthritis
- Allergy (asthma, eczema, hay fever)
- Alcoholism
- Bleeding disorders
- Congenital malformations
- Cancer
- Diabetes
- Emphysema
- Epilepsy
- Glaucoma
- Gout
- Heart attack
- High blood pressure
- Kidney disease
- Kidney stones
- Gall bladder disease
- Sickle cell disease
- Stomach ulcers
- Stroke
- Tuberculosis

If either of your parents are dead, please list their age and cause of death, if known:

Mother died:      Age[ ] of [ ]

Father died:      Age[ ] of [ ]

Are you aware of any diseases or illnesses that run in your family?

Yes [ ]. No [ ].

Please List

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE REVIEW THE FOLLOWING LIST TO REFRESH YOUR MEMORY ABOUT ANY CONCERN THAT YOU MAY HAVE WHICH YOU WANT TO DISCUSS WITH THE DOCTOR, IF YOU AGREE. DISCUSSION IS COMPLETELY VOLUNTARY.

[USE THE SPACE BELOW FOR ANY NOTES]

Allergies  
Hemorrhoids (piles)  
Back pain  
Hives  
Blood in urine, sputum, or stool  
Hot flashes  
Blood pressure  
Kidney problems  
Bowel problems  
Joint pains  
Cancer  
Leg cramps  
Chest pain  
Liver problems  
Chronic cough  
Loss of memory  
Cold or painful fingers  
Lung or breathing difficulty  
Constipation  
Menopause  
Dental or gum problems  
Muscle aches or pains  
Depression or excessive sorrow  
Nervousness  
Diabetes  
Sexual problems/diseases  
Diarrhea  
Sickle cell disease or trait  
Difficulty in sleeping  
Skin disease  
Dizziness  
Stomach pain  
Ear or hearing problems  
Swollen glands  
Edema (foot or leg swelling)  
Thyroid gland problem  
Eye trouble (other than glasses)  
Tremor of hands or head  
Fainting spells or unconsciousness  
Tumors or cysts  
Fever  
Unusual weakness  
Frequent or severe headaches  
Unexpected weight gain  
Frequent indigestion  
Unexpected weight loss  
Heart condition/murmur

RESERVED FOR PHYSICIAN'S USE ONLY.

Physician's Summary and Elaboration (of all pertinent data).

Physician signature [ \_\_\_\_\_ ] Date [ \_\_\_\_/\_\_\_\_/\_\_\_\_ ].

**U.S. ENVIRONMENTAL PROTECTION AGENCY REGION 1  
POST-EMPLOYMENT PERIODIC (UPDATE) MEDICAL QUESTIONNAIRE.**

**CONFIDENTIAL FOR MEDICAL USE ONLY**

- 1. THIS IS A POST-EMPLOYMENT PERIODIC MEDICAL QUESTIONNAIRE.**
- 2. USE IT TO PROVIDE INFORMATION (for a prior 3 year period, maximum) REQUESTED IN THE FOLLOWING SECTIONS.**
- 3. IT IS ENTIRELY CONFIDENTIAL, AND FOR MEDICAL USE ONLY.**
- 4. ANSWERING THE QUESTIONS IS ENTIRELY VOLUNTARY.**

=====

Name \_\_\_\_\_ Age [ ] Date [ ]/ [ ]/ [ ].  
(Last) (First) (Middle)

EPA Organizational Unit \_\_\_\_\_ Location \_\_\_\_\_

Job Category/Title \_\_\_\_\_ Years in Present Job [ ].

Regular Workplace/Building \_\_\_\_\_

Sex: Male [ ] Female [ ]

Please answer the following questions by checking the applicable blocks:

1. Have you ever been hospitalized since your last program examination?  
No [ ]. Yes [ ]. If yes, give details and dates:

---

2. Have you been resident outside the United States in the last 3 years?  
No [ ]. Yes [ ]. If yes, please list location(s) and date(s):

---

3. What illnesses or injuries have you had in the last few years?.

---

4. Has your job category changed since your last program examination (if any)?  
[ ] No. Yes [ ]. How?

---

***Note To The Participant: Give the completed questionnaire directly to the Doctor or Nurse.***

**FEMALES ONLY.**

Please list number of miscarriages if any. [ ]  
Date of last Pap test? [ ]/[ ]/[ ]  
Date of last menstrual period? [ ]/[ ]/[ ]  
Any unusual discharge/bleeding in last 3 months? No [ ]. Yes [ ].  
Have you reached menopause? No [ ]. Yes [ ].

**FAMILY HISTORY (ANSWERING THIS PART IS COMPLETELY VOLUNTARY).**

Indicate any blood relatives who ever had a disease that may run in the family.  
If you consent, please discuss with the physician as he/she inquires.

[Relative \_\_\_\_\_] [Diseases \_\_\_\_\_]

If either of your parents are dead, please list their age and cause of death, if known:

Mother died. Age [ ] of [ ]  
Father died. Age [ ] of [ ]

Do you drink alcoholic beverages? No [ ]. Yes [ ].

What is the daily weekly consumption? [ ]

Do you smoke? No [ ]. Yes [ ].

What do you smoke, & how much? [ ]

**MEDICATION HISTORY.**

Are you now taking, or have you taken recently any of the following drugs

- |  |   |
|--|---|
| <input type="checkbox"/> Antacids                      | <input type="checkbox"/> Dexedrine          |
| <input type="checkbox"/> Antibiotics                   | <input type="checkbox"/> Digitalis          |
| <input type="checkbox"/> Anticoagulant (blood thinner) | <input type="checkbox"/> Diuretic           |
| <input type="checkbox"/> Antidepressants               | <input type="checkbox"/> Hormones           |
| <input type="checkbox"/> Antihistamines                | <input type="checkbox"/> Insulin or oral    |
| <input type="checkbox"/> Anti-diabetic drug            | <input type="checkbox"/> Appetite control   |
| <input type="checkbox"/> Laxatives                     | (Suppressant pills)                         |
| <input type="checkbox"/> Aspirin                       | <input type="checkbox"/> Morphine           |
| <input type="checkbox"/> Birth Control Pills           | <input type="checkbox"/> Sleeping pills     |
| <input type="checkbox"/> Benzedrine                    | <input type="checkbox"/> Sulfa preparations |
| <input type="checkbox"/> Blood Pressure Medication     | <input type="checkbox"/> Thyroid            |
| <input type="checkbox"/> Cortisone or steroids         | <input type="checkbox"/> Tranquilizers      |
| <input type="checkbox"/> Codeine                       | <input type="checkbox"/> Vitamins           |

List any drugs you take regularly. [ ]

Have you been on any special diet(s) in the past year?

No [ ]. Yes [ ].

If yes, describe type [ ]

## ALLERGIES.

Are you allergic to any of the following?

- ☐ (1) Pollens
- ☐ (2) House dust
- ☐ (3) Animal dander, feathers, or fur
- ☐ (4) Drugs
- ☐ (5) Vaccines
- ☐ (6) Serum
- ☐ (7) Metal jewelry
- ☐ (8) Foods
- ☐ (9) Sunlight or cold

If yes, please provide details to the physician.

## IMMUNIZATION, VACCINES, ANTITOXINS, etc.

Please check if you have received any of the following in recent years.  
Give approximate date(s) when last received, if known.

Date(s)

- ☐ Tetanus
- ☐ Poliomyelitis
- ☐ Influenza
- ☐ Typhoid
- ☐ Diphtheria
- ☐ Rabies
- ☐ Rubella (German measles)
- ☐ Measles (Rubeola or red measles)
- ☐ BCG
- ☐ Yellow fever
- ☐ Small Pox
- ☐ RhoGAM (Rh immune globulin)
- ☐ Immune serum globulin for hepatitis
- ☐ Hepatitis B
- ☐ Mantoux, Patch test, or other skin test for T.B.  
(Give Result & Date of the last test, if known):  
Mantoux Test Result ☐ Positive. ☐ Negative. On [ ]/[ ]/[ ].

## RECENT EXPOSURES

Please list those substances that you now handle/are exposed to in your work. Star those that particularly concern you from a health standpoint:

---

Do you have any suggestions to reduce potential exposures?

---

Indicate any symptoms that you have experienced that might be due to hazardous exposures, and indicate the suspected cause?.

---

MEDICAL COUNSELLING IS MADE AVAILABLE IN THIS PROGRAM. IF YOU WISH TO AVAIL YOURSELF OF THIS SERVICE, A REVIEW OF THE FOLLOWING ITEMS WILL BE USEFUL FOR DISCUSSING ANY CONCERN WITH THE DOCTOR (THIS IS COMPLETELY VOLUNTARY).

Allergies. Hemorrhoids (piles). Back pain. Hives. Blood in urine, sputum, or stool.  
Hot flashes. Blood pressure. Kidney problems. Bowel problems. Joint pains. Cancer.  
Leg cramps. Chest pain. Liver problems. Chronic cough. Loss of memory. Cold or painful fingers.  
Lung or breathing difficulty. Constipation. Menopause. Dental or gum problems.  
Muscle aches or pains. Depression or excessive sorrow. Nervousness. Diabetes.  
Sexual problems/diseases. Diarrhea. Sickle cell disease or trait. Difficulty in sleeping.  
Skin disease. Dizziness. Stomach pain. Ear or hearing problems. Swollen glands.  
Edema (foot or leg swelling). Thyroid gland problem. Eye trouble (other than glasses).  
Tremor of hands or head. Fainting spells or unconsciousness. Tumors or cysts. Fever.  
Unusual weakness. Frequent or severe headaches. Unexpected weight gain. Frequent indigestion.  
Unexpected weight loss. Heart condition/murmur.

**RESERVED FOR PHYSICIAN'S USE ONLY.**

**Physician's Summary and Elaboration (of all pertinent data).**

Physician signature [ \_\_\_\_\_ ] Date [ \_\_\_\_/\_\_\_\_/\_\_\_\_ ].

**U.S. EPA REGION 1  
OCCUPATIONAL EXPOSURE PROFILE**

NAME: \_\_\_\_\_ DATE: [ \_\_\_\_/\_\_\_\_/\_\_\_\_ ]

DIVISION: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ JOB CATEGORY \* [ \_\_\_\_ ].

- 1). In your current Position do you ever wear a respirator? Y ☐. N ☐
- 2). Do you wear a respirator for parts of 30 or more days per year? Y ☐. N ☐.
- 3). Do you have any reason to believe that you can't wear a respirator? Y ☐. N ☐.
- 4). Does the potential for exposure to hazardous substances/ health hazards exist (without regard to respirator use) for parts of 30 days or more per year? Y ☐. N ☐.
- 5). Are you an emergency response team member? Y ☐. N ☐.
- 6). Are you exposed to:

[DESCRIBE]

Radiation	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Solvents	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Sewage	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Raw Water	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Pesticides	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Metals	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Noise	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Misc. Haz. Subst.*	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Physical Stress	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____
Heat/Cold Stress	Y <input type="checkbox"/> . N <input type="checkbox"/> .	_____

(Comments) \_\_\_\_\_

- 7). Do you believe that you are at an increased risk from exposure to toxic substances for reasons not alluded to above? Y ☐. N ☐.

(Explain, if yes) \_\_\_\_\_

- 8). Have you developed any signs or symptoms that you believe may indicate overexposure to hazardous substances or other health hazards? Y ☐. N ☐.

(Explain, if yes) \_\_\_\_\_

- 9). When was your last medical surveillance examination? \_\_\_\_\_

\* See Reverse Side for:- (1) Job Category Number, (2) List Of Particular Chemicals.

### JOB CATEGORY NUMBER

J.C. 1	Superfund And/Or RCRA Program Site Managers.
J.C. 2	RCRA-Program Inspector With 30 days/year Field Assignment.
J.C. 3	Remedial Project Managers (Superfund Program).
J.C. 4	Field Sampling Personnel.
J.C. 5	Emergency Response Program Personnel.
J.C. 6	On-Scene Coordinators.
J.C. 7	NESHAPS (Asbestos enforcement) Field Inspectors.
J.C. 8	AHERA (Asbestos enforcement) Field Inspectors.
J.C. 9	Laboratory Workers With On-Going Hazardous Chemical Exposure.
J.C.10	Stack Samplers.
J.C.11	UST-Program Inspectors With 30 days/year Field Assignments.
J.C.12	FIFRA-Enforcement Officers With 30 days/year Field Assignment.
J.C.13	Medical Waste Program Field Inspectors.
J.C.14	Waste Water Treatment Inspectors With 30 days/year in the field.
J.C.15	Divers (per OSHA Standard).

### MEMORY AID FOR SPECIFIC PAST and CURRENT CHEMICAL EXPOSURES

Exposure	Present	Past
Inorganic Fluorides	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>
Benzene	<input type="checkbox"/>	<input type="checkbox"/>
Coke Oven Emissions	<input type="checkbox"/>	<input type="checkbox"/>
Inorganic Arsenic	<input type="checkbox"/>	<input type="checkbox"/>
Methylene Chloride	<input type="checkbox"/>	<input type="checkbox"/>
Vinyl Chloride	<input type="checkbox"/>	<input type="checkbox"/>
Toluene Diisocyanate	<input type="checkbox"/>	<input type="checkbox"/>
Excessive noise	<input type="checkbox"/>	<input type="checkbox"/>
Nitrogen Oxides	<input type="checkbox"/>	<input type="checkbox"/>
Crystalline Silica	<input type="checkbox"/>	<input type="checkbox"/>
Citric Acid	<input type="checkbox"/>	<input type="checkbox"/>
Ammonia	<input type="checkbox"/>	<input type="checkbox"/>
Beryllium	<input type="checkbox"/>	<input type="checkbox"/>
Phosgene	<input type="checkbox"/>	<input type="checkbox"/>
Allyl Chloride	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	<input type="checkbox"/>
Carcinogens	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL SURVEILLANCE PROGRAM  
HEALTH/MEDICAL STATUS REPORT**

To:

\_\_\_\_\_  
(Regional Health and Safety Manager)

To:

\_\_\_\_\_  
(Supervisor)

From:

\_\_\_\_\_  
(M.D./R.N.)

EXAMINEE'S NAME \_\_\_\_\_ S.S.N. \_\_\_\_\_

DIVISION \_\_\_\_\_ JOB TITLE \_\_\_\_\_ JOB CATEGORY \_\_\_\_\_

EXAMINATION IS: BASELINE ☐ ANNUAL ☐ MODIFIED PERIODIC ☐

DATE OF EXAMINATION [\_\_/\_\_/\_\_]

**\*\* ATTENTION DOCTOR/NURSE, DO NOT WRITE A DIAGNOSIS HEREIN \*\***

1. ☐ WORK (CONSISTENT WITH SKILL AND TRAINING), IS NOT MEDICALLY RESTRICTED. NO SIGNIFICANT MEDICAL IMPAIRMENT IS INDICATED.
2. ☐ MEDICAL IMPAIRMENT IS INDICATED BY EXAMINATION.
3. ☐ EXAMINEE IS REFERRED TO PERSONAL DOCTOR.
4. ☐ EXAMINEE IS UNDER CARE OF PERSONAL DOCTOR.
5. ☐ A JOB RESTRICTION IS REQUIRED FOR MEDICAL REASONS.
6. ☐ THE RESTRICTION IS PERMANENT.
7. ☐ THE RESTRICTION IS TEMPORARY,  
FOR THE PERIOD: [\_\_/\_\_/\_\_ - \_\_/\_\_/\_\_]

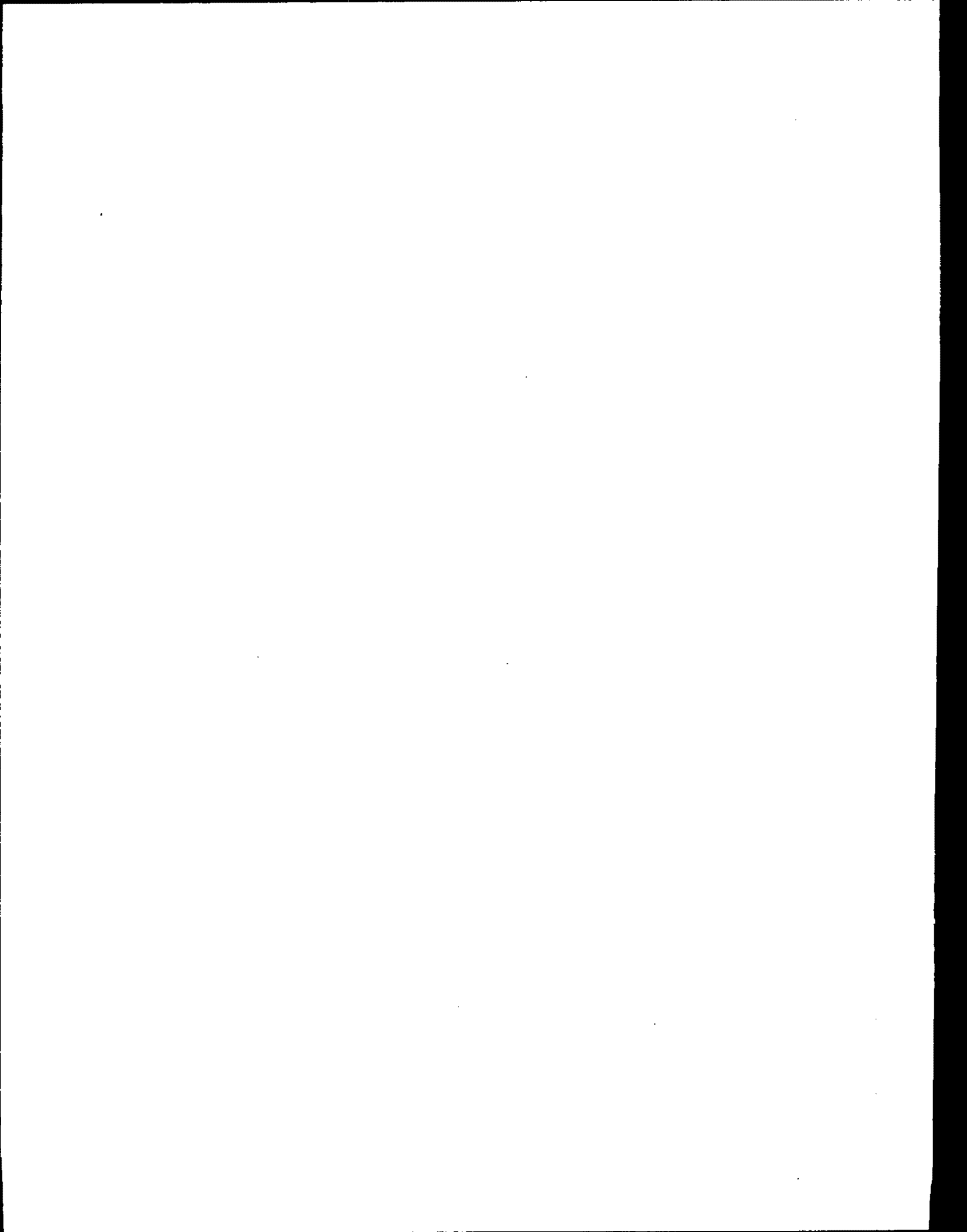
THE MEDICAL RESTRICTION (WITHOUT A STATED DIAGNOSIS) IS:

OTHER RECOMMENDATIONS:

FOLLOW-UP APPOINTMENT: [\_\_/\_\_/\_\_]

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE [\_\_/\_\_/\_\_]

EXAMINER'S SIGNATURE \_\_\_\_\_ DATE [\_\_/\_\_/\_\_]



## MEDICAL SURVEILLANCE PROGRAM

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

TO: MEDICAL SURVEILLANCE PROGRAM PHYSICIAN.

*- - Notice To Applicant. Please Complete The Parts Marked ' \* ' - -*

\* [Name and Address, If known]

\_\_\_\_\_  
\_\_\_\_\_

FROM: APPLICANT: \* [Name]

\* [Address]

\_\_\_\_\_  
\_\_\_\_\_

\* Address Zip Code \_\_\_\_\_ \* Telephone Number (    ) \_\_\_\_ . \_\_\_\_

You are hereby authorized to furnish medical information from my medical record and the medical record itself. The extent of the information which you are authorized to disclose is:-

- Full Disclosure Of Information and Medical Records.

\* Signed \_\_\_\_\_ \* Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Only Partial Disclosure Involving The Following Matters And/Or Records. That is,

\_\_\_\_\_  
\_\_\_\_\_

\* Signed \_\_\_\_\_ \* Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The information / records which you are authorized to disclose, is to be provided to:

\* [Name] \_\_\_\_\_ \* [Title] \_\_\_\_\_

\* [Address]

\_\_\_\_\_  
\_\_\_\_\_

\* Address Zip Code \_\_\_\_\_ \* Telephone Number (    ) \_\_\_\_ . \_\_\_\_

\* The duration of this authorization is for the period [ \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ ]

\* Signed \_\_\_\_\_ \* Date [ \_\_\_\_/\_\_\_\_/\_\_\_\_ ]

