

Dear Hazardous Waste Worker Trainee:

You have been accepted for Hazardous Waste Training, and need to be aware that Hazardous Waste work can be strenuous. This training program includes hands-on experience as if you were working on a real hazardous waste site.

Your health and safety are very important to us. To help us protect you, please complete the attached medical questionnaire and return it directly to the Medical Professional at the regional training site prior to the start of the class. It will be reviewed by a medical professional. In order for you to participate in the training program, you must also meet the following requirements.

1. Your blood pressure will be taken at the training center. If you are 40 years old or less, the top number must be 140 or less and the bottom number must be 90 or less (140/90 or less). If you are over 40 years old, the top number must be 160 or less and the bottom number must be 90 or less (160/90 or less). If your blood pressure is higher than these figures, for your age, you will not be able to train. If you think your blood pressure is higher, you should have your blood pressure checked before coming to the training center.

Your blood pressure will be taken on the first or second day of training. To avoid a blood pressure reading which is higher than normal, make sure that you:

- Get a good night's sleep or rest.
 - Don't drink alcohol within 24 hours of the test.
 - Don't smoke within 30 minutes of the test.
 - Don't drink coffee within 30 minutes of the test.
2. If any of the following apply,
 - If you take a combination of 2 or more prescription drugs on a daily basis, or
 - If you are a diabetic, or
 - If you have a history of heart problems, or
 - If you have a history of seizures, or
 - If you have ever been treated for heat stress (or heat stroke), or
 - If you answer "YES" to questions 1 and 2 on the Supplemental Questionnaire (found on the last page of the medical questionnaire). These questions ask if you have felt pain or heaviness in your chest in the last three months.

Then you must bring a note from your doctor saying that you are medically fit to participate in field exercises while wearing a respirator and protective clothing. Make sure your doctor knows that the combined weight of the respirator and the protective clothing is about 25 to 35 pounds.

3. You may have a pulmonary function test (PFT) performed. The PFT evaluates your lung capacity and can help identify potential problems with respirator use.
4. Some training facilities and many employers require participation in a drug testing program prior to training or work.

Thank you for your cooperation. If you have any questions about this letter or the medical questionnaire, please feel free to call a representative from your local union office or training center.

We look forward to seeing you at the Hazardous Waste Worker Training Program.

WHEN COMPLETEING THE MEDICAL QUESTIONNAIRE, PLEASE FILL IN THE CIRCLES.

DO NOT USE X'S OR CHECK MARKS. THANK YOU

14. Have you ever worn a respirator? Yes No

(a mask that protects you against exposure to dusts or chemical fumes.)

14a. If "Yes", when was the last time, the year? □ □

14b. Check the type: paper (surgical) mask cartridge helmet air tank

14c. Describe any difficulties you had using the respirator:

14d. Did these difficulties make it so you were unable to use the respirator? Yes No

15. Do you have a fear of tight or enclosed places? Yes No

16. Do you have a sensation of smothering? Yes No

17. Do you have a ruptured ear drum? Yes No

18. Do you wear contact lenses? Yes No

19. Do you wear glasses? Yes No

20. Have you ever had a breathing test to check your lungs? Yes No

If "Yes", give year and describe results. □ □

21. Have you ever had an electrocardiogram? Yes No

If "Yes", give year and describe results. □ □

22. Have you ever had to have medical treatment for heat exhaustion or heat stroke? Yes No

If "Yes", give year and describe results. □ □

23. Do you consider yourself to be in good health? Yes No

If "No", state reasons:.

24. Do you have any defect of vision? Yes No

If "Yes", state the nature of the defect:

25. Do you have any defect of hearing? Yes No

If "Yes", state the nature of the defect:

26. Are you suffering from or have you ever been told you have:

26a. Epilepsy (or fits, seizures, convulsions)? Yes No

26b. Heart murmur? Yes No

26c. Kidney disease? Yes No

26d. Bladder disease? Yes No

26e. Diabetes? Yes No

If "Yes", how are you treated? diet pills insulin

26f. Liver disease (jaundice) Yes No

YR DIAGNOSED

--	--



27. Have you ever had emphysema?

Yes No

If "Yes", answer questions 27a-27c.

27a. Do you still have it?

Yes No

27b. Was it confirmed by a doctor?

Yes No

27c. At what age did it start?

--	--

28. Have you ever had asthma?

Yes No

If "Yes", answer questions 28a-28d.

28a. Do you still have it?

Yes No

28b. Was it confirmed by a doctor?

Yes No

28c. At what age did it start?

28d. If you no longer have it, at what age did it stop?

29. Have you ever had any other chest illness?

Yes No

If "Yes", give year and explain.

--	--

30. Have you ever had any chest operations?

Yes No

If "Yes", give year and explain.

--	--

31. Have you ever had any chest injuries?

Yes No

If "Yes", give year and explain.

--	--

32. Has a doctor ever told you that you had a heart attack?

Yes No

33. Has a doctor ever told you that you had any other kind of heart trouble?

Yes No

If "Yes", give year and explain.

--	--

34. Has a doctor ever told you that you had high blood pressure?

Yes No

35. Have you had any treatment for high blood pressure (hypertension) in the past ten years?

Yes No

If "Yes", please explain.

36. Do you ever have wheezy or whistling sounds in your chest?

Yes No

a. When you have a cold?

Yes No

b. Occasionally, apart from a cold?

Yes No

c. With exercise?

Yes No

d. Most days or nights?

Yes No

If you answered "Yes" to questions a, b, c or d, then answer question e.

e. How many years has this been present?

--	--

37. Have you ever had an attack of wheezing that made you feel short of breath?

Yes No

If "Yes", answer questions 37a-37c.

37a. How old were you when you first attack of wheezing occurred?

--	--

37b. Have you had two or more such episodes?

Yes No

37c. Have you required medicine or treatment for these attacks?

Yes No

38. Are you disabled from walking by any condition other than heart or lung disease?

Yes No

If "Yes", please explain the condition(s):



39. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill? Yes No
40. Do you have to walk slower than other people your age on the level because of breathlessness? Yes No
41. Do you ever have to stop for breath when walking at you own pace on the level? Yes No
42. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level? Yes No
43. Are you too breathless to leave the house or breathless on dressing or climbing the stairs? Yes No
44. When was your last general medical examination? (Give year.) Yes No
45. Do you take medications on a regular basis?

If "Yes", list all medications you currently take regularly, including those prescribed by a doctor and those bought over the counter. If you do not remember the name of the medications, give the reason for taking it.

SUPPLEMENTAL QUESTIONNAIRE

Within the past three months:

1. Have you had any pain or discomfort in your chest? Yes No
2. Have you ever had any pressure or heaviness in your chest? Yes No
3. Did you have irregular or skipped heart beats? Yes No

If you answered 'No' to all of questions 1-3, then STOP. If you answered 'Yes' to any of the questions, then answer questions 4-7.

4. Do you get pain, discomfort, pressure or heaviness when you are walking uphill or hurrying? Never hurry or walk uphill Yes No
5. Do you get pain, discomfort, pressure or heaviness when you walk at an ordinary pace on level ground? Yes No
6. What do you do if you get pain, discomfort, pressure or heaviness while are walking?
 Stop or slow down (or take nitroglycerin) Carry on
7. If you stand still what happens to this pain or discomfort? Not relieved Relieved
 If relieved, how soon? 10 minutes or less More than 10 minutes
8. Did you see a doctor because of this pain or discomfort?
 If "Yes", what did he or she say it was? Yes No
- _____
- _____

For Hazardous Waste Worker Training Program Use Only

- Based on the information available to me, I find no contradiction for _____ to participate in the training for hazardous waste work.
- Approved for training after discussion the trainee of the following _____
- Medical approval from an examining Doctor is required for _____
- Application denied for the following reason: _____

Reviewer's Signature _____ Review date / /

4506

