



Initial Formaldehyde Medical Disease Questionnaire

You have been given the opportunity to fill out the attached medical surveillance questionnaire because you have a known or suspected exposure to formaldehyde on a routine or regular basis. The personal health and medical information provided by employees or applicants of the University of Colorado, Denver in this questionnaire is used by the Department of Environmental Health and Safety's (EHS) Occupational Health Program's clinicians to determine fitness for duty and to establish a baseline medical history. All information is privileged and confidential.

Occupational health professionals have an ethical obligation to safeguard the right to privacy of health and medical information and protect such information from unauthorized disclosure.

It is for your benefit that you answer all questions completely and honestly. Provide all information to the best of your ability. If you have questions, ask the health provider when you submit this form.

SUBMISSION INSTRUCTIONS: This form can be emailed or submitted in person (the preferred method is email).

ADDRESS: Occupational Health Program, 13001 E. 17th Place, Fitzsimmons Building, second floor (W2214) Aurora, CO 80045

EMAIL: Occupational.Health@cuanschutz.edu **PHONE:** 303-724-9145

This form has been adapted from the Department of Labor Occupational Health & Safety Administration' (OSHA) formaldehyde exposure and surveillance program.

Section 1.0 Personal Information				
Name:	Gender:	Date of Birth:	Today's Date:	Speed Type:
ID:		Job Title:		
Campus: AMC Downtown VA DH Boulder CSU Other:	Dept:			
Work #:	Cell #:	Building and Lab Room #:		
Protocol #:		Email:		
List all PIs/Supervisors:				
Section 2.0 Baseline Medical History				
1.	Do you have chronic headaches, migraines, insomnia, or mood changes?	Yes	No	
2.	Do you have any allergies? Please list:	Yes	No	
3.	Have you been diagnosed with any dermatological illness? Please list:	Yes	No	
4.	Have you been diagnosed with any gastrointestinal illness? Please list:	Yes	No	
5.	Have you been diagnosed with any respiratory disease? Please list:	Yes	No	
6.	Have you been diagnosed with any ocular disease? Please list:	Yes	No	
7.	Do you take any medications regularly to address any of the above illnesses/disease? Please list:	Yes	No	
8.	Do you have a history of cancer diagnosis?	Yes	No	



Section 3.0 Occupational History

1. How long have you worked for CU Anschutz/CU Denver?
a. Please list all the positions you have held:
2. In each of these jobs, how many hours per day were you exposed to formaldehyde?
3. Have you ever noticed any symptoms related to exposure to formaldehyde (e.g. respiratory symptoms, gastrointestinal symptoms, etc.)?

Section 4.0 Exposure Risk

4. Do you ever experience shortness of breath and/or wheezing?	Yes	No
5. Do you have a persistent cough?	Yes	No
6. Do you ever experience tightness in your chest or an inability to take a deep breath?	Yes	No
7. Have you noticed any soreness, dryness or burning in your throat when at work?	Yes	No
8. Have you noticed any itchiness, burning, or stuffiness in your nose when at work?	Yes	No
9. Have you noticed any burning, watering, swelling or redness of your eyes when at work?	Yes	No
10. Do you notice having blurred vision when at work?	Yes	No
11. Do you notice an onset of headaches, dizziness, light-headedness, or become excessively drowsy when at work?	Yes	No
12. Do you notice feeling nervous, irritable, and/or trouble concentrating when at work?	Yes	No
13. Have you been experiencing unexplained chronic weakness and/or fatigue?	Yes	No
14. Have you experienced unexplained numbness or tingling?	Yes	No
15. Do you have an unexplained swelling?	Yes	No
16. Have you been experiencing unexplained heartburn and/or indigestion?	Yes	No
17. Have you been experiencing any unexplained skin issues such as itching, dryness, or peeling of the hands?	Yes	No
18. Do you have any other health conditions or concerns not covered by the previous questions?	Yes	No

Employee Signature:

Date: