



GOVERNMENT OF BERMUDA

# Health Surveillance Record Form Asbestos

Ministry of Public Works

Confidential

Please complete all sections neatly.

Return to : Safety and Health Officer, Post Office Building, 56 Church Street, Hamilton HM 12, Bermuda  
Tel: (441)295-5151 Email: [dwsimmons@gov.bm](mailto:dwsimmons@gov.bm)

## PART A

### A 1. PERSONAL DETAILS (to be completed by employee)

Family name:	Date of birth: / / M F
Given names:	Country of birth:
Address:	
Current job:	Tel: Mobile:
Date employed:	

### A 2. EMPLOYER DETAILS (to be completed by employee)

Employer name:			
Address:			
Contact name:	Tel:	Mobile:	

### A 3. CURRENT WORK EXPOSURE / INCIDENT (to be completed by employee)

Date/s: / / - / /	Time:
How were you exposed to asbestos? <i>(activity generating asbestos dust, proximity to source, frequency, duration of exposure, control measures, etc.)</i>	
Description of Asbestos Exposure:	<input type="checkbox"/> Single exposure ( mins, hrs, days) <input type="checkbox"/> Repeated exposure ( mins, hrs, days, months, years)
Type of asbestos (if known) : <input type="checkbox"/> Amosite (brown) <input type="checkbox"/> Chrysotile (white) <input type="checkbox"/> Crocidolite (blue) <input type="checkbox"/> unknown <input type="checkbox"/> Asbestos cement products (bonded) <input type="checkbox"/> Asbestos cement sheets <input type="checkbox"/> Telecommunication pits <input type="checkbox"/> Electrical boards <input type="checkbox"/> brake pads <input type="checkbox"/> other ..... Condition of material containing asbestos <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor <input type="checkbox"/> Friable <input type="checkbox"/> Insulation <input type="checkbox"/> Lagging <input type="checkbox"/> other	
Personal Protective Equipment (PPE) Disposable Overalls Yes No Respirator Yes No Laceless boots Yes No	SAFETY PRECAUTIONS e.g. wet work, ..... Comments:

Air Monitoring (attach if results available)

**A 4. WORK and ASBESTOS EXPOSURE HISTORY (to be completed by employee)**

Detail past work history starting from your first to current job – Include all jobs.

If “Yes” to asbestos exposure, please describe.

**Example:** drill/cut asbestos cement material with power tools; put up asbestos cement fencing; demolish asbestos buildings; renovate asbestos buildings; removal of telecommunication asbestos cement pits, service brake linings; crawl through ceiling spaces with asbestos insulation; work around boilers/plants insulated with asbestos, removal/transport/disposal of asbestos; mining – asbestos contamination, etc.

Years (yyyy to yyyy)	Employer Name & Address (e.g. ABC asbestos removalist, local council, ABC building construction, telecommunications contractor)	Asbestos exposure  (Yes/No)	Job Title and Work Tasks  • If <b>Yes</b> to asbestos exposure – detail where, how, and what. • What personal protective equipment worn, if any? Any safety controls in place? Any health monitoring?
/			

**A 5. NON-WORK ASBESTOS EXPOSURE HISTORY (to be completed by employee)**

Please give details from your first exposure onwards

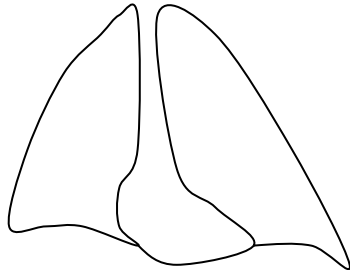
**Example:** Visited Building X; put up asbestos cement fencing; demolished asbestos shed/buildings/fencing; home renovations; change brake linings; drill, cut asbestos cement material or sheets with power tools; lived in asbestos cement home

Years (yyyy to yyyy)	Job Title and Work Tasks  • If <b>Yes</b> to asbestos exposure – detail where, how, and what. • Any personal protective equipment worn? Any safety controls in place?
/	

**A 6. MEDICAL HISTORY (to be completed by employee)**

1. Approximate date of last chest X-ray (if any)		Normal	Abnormal (please detail) _____		
2. Smoking History:	Current smoker:	Ex-smoker:	Non-smoker:		
Age started:	Age stopped:	Amount smoked	per day (number of cigarettes/cigars or grams of tobacco smoked)		
3. Respiratory symptoms e.g cough, shortness of breath, wheeze. phlegm (describe):					
Have you had:	Asthma	Pneumonia	Bronchitis	Pleurisy	Other lung/chest disease or injury
3. Provide details (diagnosis, when, treatment):			Comment by Examining Doctor		
4. List any medications you currently take:					
5. If you have any other health problems, please provide details					

**PART B - MEDICAL EXAMINATION** (to be completed by examining doctor)

Height:      cm	Weight:      kg	BMI =	
Cardiovascular:		Pulse      /min	BP      mm/Hg
Respiratory:		Rate      /min	
Breath sounds:			
			
Other <u>relevant</u> findings:			
Summary assessment:			
Chest X-ray (CXR) Required		Not Required:	CXR Results (if recommended):
<u>Note:</u> A CXR is <u>not</u> routinely recommended for a single minor event or potential exposure - but may be ordered where clinically indicated.			

**Spirometry:**      Date of test:      /      /      Attached spirometry printouts and graphs: ▶▶▶ 

**NHANES III preferred for spirometric predicted values)**

1. Enter 3 valid test values and Best test values.
2. Attach printouts with 3 valid tests which meet ATS "acceptable blow" criteria and corresponding flow-volume graphs.
3. If used bronchodilator, please clearly marked pre- and post-bronchodilator on print-outs.

	Test 1	Test 2	Test 3	Best	% predicted	<b>Comment:</b> Normal Abnormal Obstructive Restrictive Mixed Obstructive / Restrictive
FEV <sub>1</sub>						
FVC						
FEV <sub>1</sub> / FVC						

**Comments** (examining doctor)

**PART C - RESULTS OF HEALTH SURVEILLANCE** (to be completed by examining doctor)

To:	Name:
Home address:	
Your health surveillance assessment on     /     /     was satisfactory.     No further action required	
<b>Recommendations:</b>	<b>Comment</b>
Advised to stop smoking:	
Review PPE	
Review Asbestos safe work practice	
Repeat lung function:	
Referral to respiratory physician:	
Referral to own GP:	
Repeat health surveillance on:     /     / (For significant / repeated exposure e.g. asbestos removal)	

**Appointed Medical Practitioner** (responsible for supervising health surveillance)

Name:	Signature:	Date:     /     /
Medical Practice address:		
File original document with health surveillance medical file		
Copy to employee on:     /     /		
Copy to employer on:     /     /		