

CURRENT WORK/HEALTH/ EXPOSURE SCREENING TOOL

Name of interviewer		Date	
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1. Job title/occupation: _____
Industry sector: _____

2. Employment status (check all that apply):

☐ Full time ☐ Part time ☐ Shiftwork

☐ Modified duties ☐ Regular duties

3. Do you feel any aspect of your health is aggravated by work? ☐ Yes ☐ No

If yes, how? _____

4. Are you currently exposed to any of the following?

Yes No

Yes No

Biologic agents (molds, viruses) ☐ ☐

Chemicals ☐ ☐

Dust or fibres (metals or other) ☐ ☐

Extreme heat/cold ☐ ☐

Fumes ☐ ☐

Heavy lifting ☐ ☐

Loud noise ☐ ☐

Metal ☐ ☐

Psychological stress ☐ ☐

Radiation ☐ ☐

Repetitive movement ☐ ☐

Vibration ☐ ☐

Other _____

5. Is personal protective equipment (PPE) worn? ☐ Yes ☐ No

If yes,

Coveralls ☐

Gloves ☐

Hearing protection ☐

Respirator/masks ☐

Safety glasses ☐

Safety shoes ☐

Other _____
