HISTORY AND REPORT OF OMSEP EXAMINATION

PART 1 ***(This form is subject to the Privacy Act Statement of 1974)***

1. LAST Name, First Name, Middle Initial:	2. Grade/Rate/Rank:	3. SSN:	4. Date of Exam:
5. Home Address (apt#,Street#, street name, city, state, zip:	6. Work/duty phone:	7. Unit Name and location (city & state):	
	8. Home phone:	9. Unit OPFAC#:	10. Unit Zip Code:

11. Date of Birth & Age:	12. Sex *(M or F):*	13. Race or Ethnicity:	14. Occupation or usual duties (describe):
15. Examining facility name & location (City & State):	16. Purpose of Examination: ☐ Initial/Baseline ☐ Exit/Separation		17. How many years have you worked in this occupation?

Section I. OCCUPATIONAL HISTORY *(patient must complete)*

18. Are you exposed to any of the following hazards in your present job, Yes or No?

Y	N		Y	N		Y	N	
☐	☐	Entry into closed spaces (tanks,voids)	☐	☐	Extreme cold/heat	☐	☐	Bodily fluids, or infectious agents
☐	☐	Vibration (jackhammer)	☐	☐	Metals (Lead fumes, other)	☐	☐	Mental or emotional stress
☐	☐	Chemical (liquid, vapor, gas)	☐	☐	Dust (sawdust, asbestos dust fibers)			

19. Do you wear any of the following on your present job, Yes or No?

Y	N		Y	N		Y	N		Y	N	
☐	☐	Earplugs or muffs	☐	☐	Full-face respirator	☐	☐	Welding face-mask	☐	☐	Other, list below
☐	☐	Dust mask	☐	☐	Air-line respirator	☐	☐	Rubber gloves			in item 25.
☐	☐	Half-face respirator	☐	☐	Safety glasses	☐	☐	Protective body suit			

Y	N	
☐	☐	20. Have you had any difficulty wearing your protective clothing or equipment? (If you don't need to wear any, answer **"no"**)
☐	☐	21. Have you had any work-related illness or injury?
☐	☐	22. Have you been limited in your work for health reasons?
☐	☐	23. Have you left or changed jobs due to health reasons?
☐	☐	24. Do you have hobbies or outside activities, which would expose you to any of the hazards listed in **18**, above? If yes explain.

25. If you marked **"Yes"** to any questions from items **19-24**, explain in this section.

Section II. FAMILY HISTORY *(patient must complete)*

26. Have any blood relatives (mother, father, brother, sister, grandparents, aunts, uncles, children) had any of the following problems?

Y	N		Y	N	
☐	☐	Anemia, blood disease, or bleeding tendency	☐	☐	Eye trouble or blindness
☐	☐	Asthma, hayfever, allergies	☐	☐	Epilepsy, fits, or convulsions
☐	☐	Birth defects or multiple miscarriages	☐	☐	High blood pressure, stroke
☐	☐	Cancer, leukemia, or other malignancy	☐	☐	Kidney trouble (stones or kidney failure)
☐	☐	Diabetes	☐	☐	Lung troubles cystic fibrosis, bronchitis, emphysema)
☐	☐	Hearing problem, deafness	☐	☐	Other disease or family condition, if so list:

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HISTORY AND REPORT OF OMSEP EXAMINATION

PART 1, (con't) **Section III. SOCIAL HISTORY *(patient must complete)***

27. Cigarettes/pipe/cigar smoking history.

	Y	N
Do you smoke cigarettes/cigars or a pipe now?	☐	☐
If **NO**: Did you ever smoke cigarettes/pipes or cigars?	☐	☐
If you smoked before, when did you stop?		
How many years have you smoked?		
How many cigarettes/cigars or pouches per week?		
If **YES**: How many years have you smoked?		
How many cigarettes/cigars or pouches per week?		

28. Alcohol use history.

	Y	N
Do you drink any alcoholic beverages (beer, wine, liquor)?	☐	☐
If **YES**: How many glasses of wine per week?		
How many ounces of liquor per week?		

29. Do you use any recreational drugs?
☐ **No** ☐ **Yes** If **Yes**, list here.

Section IV. PERSONAL HEALTH HISTORY *(patient must complete)*

30. Have you recently had or do you have any of the following symptoms or complaints, yes or no?

Y	N		Y	N	
☐	☐	Lumps you can feel	☐	☐	Infertility or miscarriages
☐	☐	Trouble concentrating	☐	☐	Birth defects in your children
☐	☐	Nosebleeds	☐	☐	Anemia (low blood)
☐	☐	Pain or swelling in neck	☐	☐	Easy bruising or bleeding

31. In general, would you say your health is ***(check one)*** :
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

32. List any Noise Exposure:

Hearing Conservation Program (HCP)

Y	N	
☐	☐	Firearm use
☐	☐	Motor Racing
☐	☐	Power tool use
☐	☐	Head Set use
☐	☐	Music/Concerts
☐	☐	Lawnmower/Other

History

Y	N	
☐	☐	Chronic ear Infections
☐	☐	Ear Drum Rupture
☐	☐	Ear/Head Surgery
☐	☐	Hearing Aid use
☐	☐	Ringing of ears
☐	☐	Difficulity Hearing

33. Additional space for comments and explanations of your **" YES"** answers:

All information provided will be handled in accordance with the Privacy Act requirements, and will not be ortherwise disclosed.

I hereby certify that I have reviewed the foregoing information supplied by me, and that it is true and complete to the best of my knowledge.

Signature of patient:	Date:

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HISTORY AND REPORT OF OMSEP EXAMINATION

PART 1, (con't) **OCCUPATIONAL EXPOSURE HISTORY**

INSTRUCTIONS: Please complete the following history beginning with present job or military assignment. Additional copies of this sheet may be added if necessary.

34. List all known hazardous exposures:

Agents(s) (noise-metals-chemicals)	Date (from-to)	Location (work site)	Protective equipment used

All information provided will be handled in accordance with the Privacy Act requirements, and will not be ortherwise disclosed.

I hereby certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.	Signature of Patient:	Date:

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HISTORY AND REPORT OF OMSEP EXAMINATION

PART 2 **MEDICAL OFFICER'S SECTION**

1. LAST Name, First Name, Middle Initial *(of patient):*	2. Grade/Rate/Rank *(of patient):*	3. SSN *(of patient):*	4. Date of Exam:

5. Examining facility or examiner and address:	6. Facility phone #: ( )

7. Surveillance protocols followed (*check all that apply):*

☐ Asbestos ☐ Chromium compounds ☐ Lead ☐ Respiratory sensitizers ☐ Solvents

☐ Alcohol or drug abuse ☐ Nutrition (low-fat/salt) ☐ Stress reduction ☐ Breast / testicular self-exam ☐ HCP

☐ Benzene ☐ Pesticides ☐ Resp wear ☐ Haz-Waste ☐ Tuberculosis

☐ Unspecified

8. List only occupational-related diagnoses by ICD code number and name: *(If no exact corresponding ICD code is available, use the closest code to the related diagnosis.)*

ICD Code	Diagnosis	ICD Code	Diagnosis

9. Respirator wear.

This examinee is ☐ medically approved for respirator wear. *(Comment on any restrictions or limitations.)*
☐ Is not approved for respirator wear.

10. CONCLUSIONS:

This examinee ☐ does have medical conditions which limit his/her performance of duties *(Specify any limitations.)*
☐ Does not have any conditions which limit his/her performance of duties.

11. Next OMSEP examination should be in: ☐ 12 months ☐ Other:

12. Examinee was informed about the results of this examination_____(date).

13. Recommendations:

Printed or typed name/rank and degree of examining medical officer.	Signature of examining medical officer.	Date:

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