

Methyl bromide health monitoring worker form

Occupational history to be completed by the worker prior to medical examination

The following information is confidential and is part of health monitoring as required under the Queensland Work Health and Safety Regulation 2011. It will assist the medical practitioner to advise you and your employer on workplace hazards and associated potential health problems.

Surname: _____ Given names _____

Home address: _____

City: _____ State: _____ Postcode: _____

Date of birth: ___/___/___ Age: _____ M / F Home telephone: _____

Employment

Current employer: _____

Work address: _____

City: _____ State: _____ Postcode: _____

Work telephone: _____ Length of employment: _____

Occupation: _____

Treating doctor

Surname: _____ Given names: _____

Address: _____

City: _____ State: _____ Postcode: _____

Telephone: _____

Employee consent

I give my consent for the results of my methyl bromide medical examination to be given to my employer. I understand that my employer is obliged to keep my results in a secure and confidential manner. I also give my consent for the release of information contained in the health monitoring assessment to my treating or family doctor.

Signature: _____

Date: / /

Work tasks/ environment

Questions about previous work

Before this work, did you work in any other job with exposure to methyl bromide?

- Yes
- No

List all the jobs you have had since leaving school.

Occupational history

Dates of service (e.g. 2000-2004)	Employer and occupation(s)	Note any exposures to dust, fibres, mists, fumes, chemicals

How often are you in contact, using, mixing or working with methyl bromide each day?

- Occasional (e.g. less than 15 min/day)
- 15min to less than 1 hour
- 1 hour to less than 4 hours
- 4 hours or more/day

When was the last time you contacted, used, mixed or worked with any methyl bromide?

Do you wear equipment and clothing as protection against methyl bromide?

Circle answer.

	Never	Occasionally (<50% of the time)	Sometimes (50–79% of the time)	Usually (80–100% of the time)
Hand	1	2	3	4
Body	1	2	3	4
Eyes	1	2	3	4
Respiratory	1	2	3	4

What equipment/clothing do you use as protection against methyl bromide exposure?

Eyes: _____

Hands: _____

Body: _____

Respiratory: _____

Do you have access to safety data sheets (SDS) for methyl bromide?

- Yes
- No
- Not sure

Do you usually wash your hands before eating, drinking or smoking?

- All the time
- Most times
- Sometimes
- Never

Complete **one** of the next **three** statements as appropriate.

I am currently a:

Tobacco smoker

I currently smoke the equivalent of _____ cigarettes per day.

I have smoked regularly for _____ years.

Ex-tobacco smoker. I gave up _____ years ago.

Non-smoker. I have never smoked regularly.

Results of medical examination

NB: Review work practices if post-shift blood bromide is > 12 mg/L¹.

	Level	Comment
Post-shift blood bromide		
Other tests ordered		

Comments: _____

Recommendations

Review work practices Yes No
Remove from exposure Yes No
Employer contacted Yes No

Follow-up medical examination on: _____

Other comments: _____

A health monitoring report is prepared by the registered medical practitioner and given to the employer. The employer must give a copy to the worker.

Doctor's name: _____ (please use **block** letters or practice stamp)

Address: _____

Telephone: _____

Signature: _____ Date / /

¹ The MAK collection for occupational health and safety – Methyl bromide [BAT value documentation, 2005]