Your Occupational Lung Disease Toolkit includes a section with educational information about occupational health, a section with information about the Occupational Lung Disease Registry, and a section with materials about asthma, as described below:

**Educational Information about Occupational Health**

- **New York State Occupational Health Clinic Network:**
  The Clinic Network is available for consultation or referral of patients with occupational lung disease. Services and locations of the Clinics are provided.

- **Environmental Exposure History Card (ATSDR):**
  Summarizes the steps involved in taking an occupational and environmental health history.

- **Article – “Diagnosis of Occupational Diseases”:**
  Describes four questions healthcare providers should routinely ask their patients to assist in identifying whether a disease may have an occupational etiologic component.

- **Occupational Medicine Clinical Practice Reviews:**
  References a web-site healthcare providers can use to access nine Occupational Clinical Practice Reviews published in the American Journal of Industrial Medicine.

- **Form – “Exposure History Form” (ATSDR):**
  This form can be an efficient way to obtain information about patients' environmental exposures.

**Occupational Lung Disease Registry**

- **Brochure – “Occupational Lung Disease Registry”:**
  Provides information about the New York State Occupational Lung Disease Registry and the conditions reportable to it.

- **Occupational Lung Disease Reporting Regulation / HIPAA Compliance:**
  Describes the law mandating physicians to report patients with occupational lung disease to the Occupational Lung Disease Registry and clarifies the authority to acquire confidential information.

- **Rolodex Card:**
  Toll-free number for reporting cases to the Occupational Lung Disease Registry.

- **Form – “Occupational Lung Disease Registry Physician Reporting Form”:**
  This form can be used for submitting reports to the Occupational Lung Disease Registry. Reports can also be called in on the toll-free line.

**Work-Related Asthma Information**

- **Pocket Card – “Occupational Asthamagens”:**
  Provides a list of common workplace asthamagens and corresponding list of workers likely to be exposed to these substances.

- **Article – “What is Occupational Asthma?”:**
  Defines occupational asthma and describes the steps involved in its clinical evaluation.
Occupational Asthmagens

In at least one out of every six asthmatics, their asthma is caused or made worse by workplace exposures. There are over 350 occupational asthmagens. The Association of Occupational and Environmental Clinics maintains an updated list of asthmagens located at: www.aoec.org/aoeccode.htm.

These reference tables list common occupational asthma triggers and the occupations where they are often encountered. The first table is sorted by workers at risk. The second table is sorted by agents in the workplace.

For more information http://www.health.state.ny.us/nysdoh/lung/lung.htm

<table>
<thead>
<tr>
<th>Workers at Risk</th>
<th>Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Handlers</td>
<td>Animal urine, dander</td>
</tr>
<tr>
<td>Bakers</td>
<td>Enzymes, flour/grain dust/mites</td>
</tr>
<tr>
<td>Carpenters</td>
<td>Acrylate, amines, diisocyanates, epoxy resins, wood dusts</td>
</tr>
<tr>
<td>Cleaners/Janitors</td>
<td>Cleaning materials, dusts, molds</td>
</tr>
<tr>
<td>Daycare providers</td>
<td>Cleaning materials, dusts, latex (natural), molds</td>
</tr>
<tr>
<td>Electronic workers</td>
<td>Amines, colophony, metals, soldering flux</td>
</tr>
<tr>
<td>Farmers</td>
<td>Animal urine, dander, grain dusts, mites, insects</td>
</tr>
<tr>
<td>Hairdressers</td>
<td>Henna, persulfate</td>
</tr>
<tr>
<td>Health care workers</td>
<td>Formaldehyde, glutaraldehyde, latex, methyldopa, penicillins, psyllium</td>
</tr>
<tr>
<td>Laboratory workers</td>
<td>Animal urine, dander, feathers, enzymes, formaldehyde, glutaraldehyde, insects, latex</td>
</tr>
<tr>
<td>Machinists/Tool setters</td>
<td>Metal working fluids, oil mists</td>
</tr>
<tr>
<td>Office workers</td>
<td>Cleaning materials, dusts, molds</td>
</tr>
<tr>
<td>Pharmaceutical workers</td>
<td>Cephalosporins, pancreatin, papain, pepsin, psyllium</td>
</tr>
<tr>
<td>Photographers</td>
<td>Complex amines</td>
</tr>
<tr>
<td>Plastic/Rubber workers</td>
<td>Anhydrides, diisocyanates</td>
</tr>
<tr>
<td>Sawmill workers</td>
<td>Wood dusts</td>
</tr>
<tr>
<td>Seafood processors</td>
<td>Crabs, prawns</td>
</tr>
<tr>
<td>Teachers</td>
<td>Cleaning materials, dusts, molds</td>
</tr>
<tr>
<td>Textile workers</td>
<td>Dyes, gums</td>
</tr>
<tr>
<td>Welders</td>
<td>Welding fumes</td>
</tr>
</tbody>
</table>

Physicians are required, by law, to report suspected cases of occupational lung disease to the New York State Department of Health. To file a report, call toll free: 1-866-807-2130
### Animal-Derived Substances

<table>
<thead>
<tr>
<th>Agent</th>
<th>Workers at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egg protein</td>
<td>Egg producers</td>
</tr>
<tr>
<td>Grain mites</td>
<td>Farmers, grain handlers</td>
</tr>
<tr>
<td>Insects</td>
<td>Laboratory workers</td>
</tr>
<tr>
<td>Laboratory animals</td>
<td>Laboratory workers, animal handlers</td>
</tr>
<tr>
<td>Shellfish</td>
<td>Seafood processors</td>
</tr>
</tbody>
</table>

### Chemicals

<table>
<thead>
<tr>
<th>Agent</th>
<th>Workers at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acrylates</td>
<td>Adhesives handlers, nail salon workers</td>
</tr>
<tr>
<td>Amines</td>
<td>Shellac and lacquer handlers, solderers, carpenters, photographers</td>
</tr>
<tr>
<td>Anhydrides</td>
<td>Users of epoxy resins, plastic/rubber workers</td>
</tr>
<tr>
<td>Dyes</td>
<td>Textile workers</td>
</tr>
<tr>
<td>Formaldehyde, glutaraldehyde</td>
<td>Hospital staff</td>
</tr>
<tr>
<td>Isocyanates</td>
<td>Spray painters, polyurethane foam insulation installers/ manufacturers, plastic manufacturers</td>
</tr>
<tr>
<td>Persulfate</td>
<td>Hairdressers</td>
</tr>
</tbody>
</table>

### Drugs/Pharmaceuticals

<table>
<thead>
<tr>
<th>Agent</th>
<th>Workers at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillins, psyllium, methyl dopa, cimetidine</td>
<td>Pharmaceutical industry, health care workers</td>
</tr>
</tbody>
</table>

### Plant-Derived Substances

<table>
<thead>
<tr>
<th>Agent</th>
<th>Workers at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biologic enzymes</td>
<td>Detergent industry workers</td>
</tr>
<tr>
<td>Castor beans</td>
<td>Farmers, millers, oil industry workers, dock workers</td>
</tr>
<tr>
<td>Flour and grain dusts</td>
<td>Bakers, millers</td>
</tr>
<tr>
<td>Latex (natural rubber)</td>
<td>Health care workers, day care providers, food service</td>
</tr>
<tr>
<td>Vegetable gums</td>
<td>Carpet makers, pharmaceutical workers</td>
</tr>
<tr>
<td>Wood dusts</td>
<td>Forest workers, carpenters, cabinet makers, sawmill workers</td>
</tr>
</tbody>
</table>

### Metal, Fluxes

<table>
<thead>
<tr>
<th>Agent</th>
<th>Workers at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cobalt</td>
<td>Hard-metal grinders</td>
</tr>
<tr>
<td>Fluxes</td>
<td>Electronics workers</td>
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<tr>
<td>Welding fumes</td>
<td>Welders</td>
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</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>Agent</th>
<th>Workers at Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metal working fluids, oil mists</td>
<td>Machinists, tool setters</td>
</tr>
<tr>
<td>Dusts, molds</td>
<td>Teachers, cleaners, office workers, janitors</td>
</tr>
<tr>
<td>Cleaning materials</td>
<td>Cleaners, janitors, daycare providers</td>
</tr>
</tbody>
</table>

New York State has 8 regional occupational health clinics created by the New York State Legislature. The clinics offer specialized medical diagnoses, high-quality care and support services for workers with occupational disease.

Healthcare professionals may contact clinics for the purpose of CONSULTATION or REFERRAL.

The Occupational Health Clinic Network offers:

- Diagnoses for work-related diseases
- Industrial hygiene evaluation of workplace hazards
- Recommendations to reduce or eliminate hazards in the workplace
- Treatment for injured or ill workers
- Screening for workers at increased risk
- Training and education for workers, employers, unions and healthcare professionals
Reports must be sent to the New York State Department of Health within 10 days of diagnosis (State Sanitary Code, Part 22.4)

**Occupational Lung Disease Registry**

**Physician Reporting Form**

New York State Department of Health
Bureau of Occupational Health

Type or print clearly using blue or black ink.

**Patient Information:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>FIPS</th>
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<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Social Security Number</th>
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</thead>
<tbody>
<tr>
<td>( )</td>
<td>__ __ / __ __ / __ __ __ __</td>
<td>☐ Male ☐ Female</td>
<td>__ __ / __ / __ __ __ __</td>
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</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Hispanic</th>
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<tbody>
<tr>
<td>☐ White ☐ Black/ African American ☐ American Indian/ Alaskan Eskimo ☐ Asian/ Pacific Islander ☐ Other ☐ Yes ☐ No</td>
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<table>
<thead>
<tr>
<th>Employer (company name) at Time of Suspected Exposure</th>
<th>Suspected Relevant Occupation</th>
<th>COC Code</th>
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<table>
<thead>
<tr>
<th>Suspected Diagnosis</th>
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<th>Suspected</th>
<th>Date of Diagnosis</th>
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<tr>
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<tr>
<td>☐ Reactive Airways Dysfunction</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
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<tr>
<td>☐ Hypersensitivity Pneumonitis</td>
<td>☐</td>
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<td>__ / __ / _______</td>
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<tr>
<td>☐ Farmers Lung Disease</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
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<td></td>
</tr>
<tr>
<td>☐ Bird Handlers Lung Disease</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
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<td></td>
</tr>
<tr>
<td>☐ Inhalation Fevers</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
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<tr>
<td>☐ Metal Fume Fever</td>
<td>☐</td>
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<tr>
<td>☐ Polymer Fume Fever</td>
<td>☐</td>
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<tr>
<td>☐ Organic Dust Toxic Syndrome</td>
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<td>__ / __ / _______</td>
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<tr>
<td>☐ Toxic Irritant (e.g. smoke, chlorine, gas, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
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<tr>
<td>☐ Silo Filler’s Lung Disease</td>
<td>☐</td>
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<tr>
<td>☐ Metal-Induced Disease</td>
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<tr>
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<tr>
<td>☐ Pneumoconiosis</td>
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<tr>
<td>☐ Asbestosis</td>
<td>☐</td>
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<tr>
<td>☐ Byssinosis</td>
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<tr>
<td>☐ Coal Workers Lung Disease</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ Silicosis</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Pleural Disorders</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Asbestos-related Pleural Plaques</td>
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<td>__ / __ / _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Mesothelioma</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Pulmonary Fibrosis, Undet. Etiology</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Chronic Bronchitis</td>
<td>☐</td>
<td>☐</td>
<td>__ / __ / _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Lung Cancer</td>
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<td>☐</td>
<td>__ / __ / _______</td>
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<tr>
<td>☐ Other,</td>
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<td>__ / __ / _______</td>
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</table>
**Related Diagnostic Test Performed**

<table>
<thead>
<tr>
<th>Test Results</th>
<th>Date of Test</th>
<th>Location Where Performed</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary Function Test</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peak Flow</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
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<td></td>
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<tr>
<td>Challenge Test</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
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<tr>
<td>Bronchoscopy</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
<td></td>
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<tr>
<td>X-ray</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
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<tr>
<td>CT Scan</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
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<tr>
<td>Serology</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
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<tr>
<td>Cytology</td>
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<td><em><strong>/</strong></em>/______</td>
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<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
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<tr>
<td>Lung Biopsy</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
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</tr>
<tr>
<td>Other, ______________</td>
<td>Normal Abnormal Pending</td>
<td><em><strong>/</strong></em>/______</td>
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</table>

**Reporting Physician:**

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
</tr>
</thead>
</table>

Case is non-occupational ☐

**Comments:**

To request additional forms please check the box below and indicate how many forms are needed or visit http://www.health.state.ny.us/nysdoh/lung/lung.htm to download the form.

☐ ___________

**You may also report an occupational lung disease by calling toll free 1-866-807-2130.**

Please send/fax completed form to:

New York State Department of Health
Bureau of Occupational Health
Occupational Lung Disease Registry
Flanigan Square, Room 230
547 River Street
Troy, New York 12180-2216

Fax: (518) 402-7909
Public Health Law requires that all lung diseases caused by or affected by a workplace exposure to be reported to the Occupational Lung Disease Registry. For more information or to report, please call toll-free:

(866) 807-2130

New York State Department of Health
Bureau of Occupational Health
547 River Street, Room 230
Troy, NY 12180
ph: (866) 807-2130 • Fax: (518) 402-7909
e-mail: BOH@health.state.ny.us
www.health.state.ny.us/nysdoh/lung/lung.htm
The New York State Department of Health

Occupational Lung Disease and
Occupational Health Materials

Materials Request Form

Please print or type neatly.

Name: _______________________________________________________

Address: _____________________________________________________

City: ___________________________ State: _____ Zip Code: ______

Telephone: (______) _____________ Fax: (______) ________________

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brochures</td>
<td></td>
</tr>
<tr>
<td>Latex Allergy (English)</td>
<td>1</td>
</tr>
<tr>
<td>Latex Allergy (Spanish)</td>
<td>1</td>
</tr>
<tr>
<td>New York State Occupational Health Clinic Network</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Lung Disease Brochure</td>
<td>1</td>
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<tr>
<td>Other Items</td>
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<tr>
<td>Latex Allergy Information for Health Professionals</td>
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<tr>
<td>Lead Exposure in Adults: A Guide for Health Care Providers</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Lung Disease Registry Reporting Forms</td>
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</tr>
<tr>
<td>Occupational Asthmagen List</td>
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</tr>
<tr>
<td>Clinical Guidelines for the Diagnosis, Evaluation and Management</td>
<td></td>
</tr>
<tr>
<td>of Adults and Children with Asthma -- 2003</td>
<td></td>
</tr>
<tr>
<td>Pocket Guide</td>
<td>1</td>
</tr>
<tr>
<td>Trifold (8 ½” X 11”)</td>
<td>1</td>
</tr>
</tbody>
</table>

Health care providers in New York State are mandated to report cases of occupational lung disease to the Occupational Lung Disease Registry. Presently reports can be submitted by fax, mail or phone. We are interested in determining if there is an interest among physicians in electronic reporting.

I would be interested in reporting to the Occupational Lung Disease Registry electronically

Please complete this form and fax it to the Bureau of Occupational Health at: (518) 402-7909. If you have any questions about the materials, please call the Bureau of Occupational Health toll-free at (866) 807-2130
What is Occupational Asthma?

Occupational asthma is the most prevalent occupational lung disease in developed countries. Occupational Asthma (OA) is attributable to, or is made worse by, environmental exposures in occupational settings. Over 250 occupational agents are associated with OA. The diagnosis of OA is made by confirming the diagnosis of asthma and by establishing a relationship between asthma and an occupational setting. OA should be considered in every case of adult-onset asthma or asthma that worsens in adult life. It is important to recognize that this type of asthma is preventable and, if diagnosed early, may be partially or completely reversible if exposures are adequately controlled or stopped.

OA falls into three categories:

1. Immunologically mediated asthma resulting from exposure to sensitizers in occupational settings (occupational asthma with latency);
2. Asthma resulting from acute exposure to irritants in occupational settings (reactive airways dysfunction syndrome or RADS); and
3. Pre-existing asthma exacerbated by occupational exposures (work-aggravated asthma). Work-aggravated asthma occurs in individuals with symptomatic asthma that is significantly worsened by occupational exposures. This can include an increase in frequency or severity of symptoms, an increase in medication required to control symptoms, or clinical improvement when exposures are reduced or eliminated.

The preliminary evaluation for OA should include a full clinical evaluation and completion of a full occupational and environmental history. The latter should include an employment history, history of temporal pattern of symptoms with respect to work, history of occupational and environmental exposures and symptom triggers, and if possible, objective verification of exposures. Early and accurate diagnosis of OA, accompanied by appropriate modification or cessation of exposures, is important in the treatment of the individual.

Patients demonstrating clinical evidence of occupational lung disease (OLD) are reportable to the New York State Department of Health’s Occupational Lung Disease Registry (1-866-807-2130). Reporting diagnosed cases of OLD to the Registry can help in the prevention of ongoing exposure for the reported individual and coworkers. NYS Department of Health staff investigate the reported case to identify workplaces and industries where exposures may cause lung disease among the employees. Program staff work with both employees and employers, to educate them about appropriate work practices and to assist them in preventing workplace exposures. For further information about the Occupational Lung Disease Registry, please call Kitty Gelberg, Ph.D., MPH at 1-866-807-2130, or e-mail her at khg01@health.state.ny.us.

Exposure History Form

Part 1. Exposure Survey

Please circle the appropriate answer.

Name: __________________ Date: __________________

Birth date: __________ Sex (circle one): Male Female

1. Are you currently exposed to any of the following?
   - metals
   - dust or fibers
   - chemicals
   - fumes
   - radiation
   - biologic agents
   - loud noise, vibration, extreme heat or cold
   - no
   - yes

2. Have you been exposed to any of the above in the past?
   - no
   - yes

3. Do any household members have contact with metals, dust, fibers, chemicals, fumes, radiation, or biologic agents?
   - no
   - yes

If you answered yes to any of the items above, describe your exposure in detail—how you were exposed, to what you were exposed. If you need more space, please use a separate sheet of paper.

4. Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to?
   - no
   - yes

If yes, list them below

5. Do you get the material on your skin or clothing?
   - no
   - yes

6. Are your work clothes laundered at home?
   - no
   - yes

7. Do you shower at work?
   - no
   - yes

8. Can you smell the chemical or material you are working with?
   - no
   - yes

9. Do you use protective equipment such as gloves, masks, respirator, or hearing protectors?
   - no
   - yes

If yes, list the protective equipment used

10. Have you been advised to use protective equipment?
    - no
    - yes

11. Have you been instructed in the use of protective equipment?
    - no
    - yes
12. Do you wash your hands with solvents? no yes
13. Do you smoke at the workplace? no yes At home? no yes
14. Do you eat at the workplace? no yes
15. Do you know of any co-workers experiencing similar or unusual symptoms? no yes
16. Are family members experiencing similar or unusual symptoms? no yes
17. Has there been a change in the health or behavior of family pets? no yes
18. Do your symptoms seem to be aggravated by a specific activity? no yes
19. Do your symptoms get either worse or better at work? no yes
   at home? no yes
   on weekends? no yes
   on vacation? no yes
20. Has anything about your job changed in recent months (such as duties, procedures, overtime)? no yes
21. Do you use any traditional or alternative medicines? no yes

If you answered yes to any of the questions, please explain.
The following questions refer to your current or most recent job:

Job title: ______________________________
Describe this job: ______________________________
Type of industry: ______________________________
Name of employer: ______________________________
Date job began: ______________________________
Are you still working in this job? yes no
If no, when did this job end? ______________________________

Fill in the table below listing all jobs you have worked including short-term, seasonal, part-time employment, and military service. Begin with your most recent job. Use additional paper if necessary.

<table>
<thead>
<tr>
<th>Dates of Employment</th>
<th>Job Title and Description of Work</th>
<th>Exposures*</th>
<th>Protective Equipment</th>
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*List the chemicals, dusts, fibers, fumes, radiation, biologic agents (i.e., molds or viruses) and physical agents (i.e., extreme heat, cold, vibration, or noise) that you were exposed to at this job.

Have you ever worked at a job or hobby in which you came in contact with any of the following by breathing, touching, or ingesting (swallowing)? If yes, please check the box beside the name.

- Acids
- Alcohols (industrial)
- Alkalies
- Ammonia
- Arsenic
- Asbestos
- Benzene
- Beryllium
- Cadmium
- Carbon tetrachloride
- Chlorinated naphthalenes
- Chloroform
- Chloroprene
- Coal dust
- Dichlorobenzene
- Ethylene dibromide
- Ethylene dichloride
- Fiberglass
- Halothane
- Isocyanates
- Ketones
- Lead
- Mercury
- Methylene chloride
- Nickel
- PBBs
- PCBs
- Perchloroethylene
- Pesticides
- Phenol
- Phosgene
- Radiation
- Rock dust
- Silica powder
- Solvents
- Styrene
- Talc
- Toluene
- TDI or MDI
- Trichloroethylene
- Trinitrotoluene
- Vinyl chloride
- Welding fumes
- X-rays
- Other (specify)
### B. Occupational Exposure Inventory

**Please circle the appropriate answer.**

1. Have you ever been off work for more than 1 day because of an illness related to work?  
   - no  
   - yes

2. Have you ever been advised to change jobs or work assignments because of any health problems or injuries?  
   - no  
   - yes

3. Has your work routine changed recently?  
   - no  
   - yes

4. Is there poor ventilation in your workplace?  
   - no  
   - yes

### Part 3. Environmental History

**Please circle the appropriate answer.**

1. Do you live next to or near an industrial plant, commercial business, dump site, or nonresidential property?  
   - no  
   - yes

2. Which of the following do you have in your home?  
   - Please circle those that apply.
   - Air conditioner  
   - Air purifier  
   - Central heating (gas or oil?)  
   - Gas stove  
   - Electric stove  
   - Fireplace  
   - Wood stove  
   - Humidifier

3. Have you recently acquired new furniture or carpet, refinished furniture, or remodeled your home?  
   - no  
   - yes

4. Have you weatherized your home recently?  
   - no  
   - yes

5. Are pesticides or herbicides (bug or weed killers; flea and tick sprays, collars, powders, or shampoos) used in your home or garden, or on pets?  
   - no  
   - yes

6. Do you (or any household member) have a hobby or craft?  
   - no  
   - yes

7. Do you work on your car?  
   - no  
   - yes

8. Have you ever changed your residence because of a health problem?  
   - no  
   - yes

9. Does your drinking water come from a private well, city water supply, or grocery store?  
   - no  
   - yes

10. Approximately what year was your home built?_______________

If you answered yes to any of the questions, please explain.
Diagnosis
of Occupational Diseases

Occupational disease is under-recognized.1 Failing to consider the workplace factors that may contribute to a patient’s condition can result in the ordering of unnecessary tests, inappropriate referrals, and of equal or greater importance, a missed opportunity to protect others who may be at risk.1,2,3

Because time with the patient is limited, there are a few, simple questions that can assist in determining if a condition may be work-related.1 Providers should routinely ask their patients:

- “What kind of work do you do?”
- “Are you now or have you previously been exposed to dusts, fumes, chemicals, radiation, or loud noise?”
- “Are your symptoms better or worse when you are at work?”
- “Do you think your health problems are related to your work?”

If the replies to these questions rule out the likelihood of a condition being work-related, inquiries along this line can stop. If something is stated that arouses suspicion, a full occupational health history should be taken. Self-administered occupational history forms can be an efficient way to obtain this information and are available online at: www.atsdr.cdc.gov/HEC/CSEM/exphistory/exphist_form.html. It should be remembered that many occupational factors act in concert with non-occupational factors to cause disease, so indication of other etiologic factors, such as smoking, does not necessarily rule out a disease as also having an occupational etiologic component.2

If the initial evaluation raises the suspicion that the disease is related to the workplace, providers in New York State can utilize a statewide network of occupational health clinics for consultation and referral: www.health.state.ny.us/nysdoh/environ/occupate.htm. Certain diseases, such as occupational lung diseases, pesticide poisonings, and heavy metals poisonings are reportable to the New York State Department of Health (NYSDOH). NYSDOH’s authority in statute and regulation enables it to access and obtain this information in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NYSDOH provides information to health care providers and their patients, and with a patient’s permission, will work with employers to identify and correct hazardous workplace conditions. Patient’s interests are always put first and their confidentiality is maintained.

22.4 Report of occupational disease. Every physician, health facility and clinical laboratory in attendance on a person with clinical evidence of occupational lung disease, as categorized in section 22.5 of this Part, shall report such occurrence to the State Commissioner of Health within 10 days. Such report shall be on such forms as prescribed by the State Commissioner of Health.

22.5 Classification of occupational lung disease. For the purpose of reporting occupational lung disease as required by section 22.4 of this Part, occupational lung disease shall be categorized according to the following probable causative agents or nomenclature as applicable.

- Coal workers lung disease
- Silicosis
- Asbestosis/Asbestos-related disease
- Berylliosis
- Talcosis
- Hard metals disease (Tungsten, Cobalt)
- Byssinosis
- Bronchitis due to occupational exposure
- Hypersensitivity Pneumonitis (occupational)
- Occupational Asthma
- Other occupational lung disease

The Bureau of Occupational Health’s authority in statute and regulation enables it to access and obtain this information in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Access to this information has been determined by the NYSDOH to be the minimum necessary for protected health information for the stated purpose in compliance with 45 C.F.R. 164.502.

See reverse for more information about compliance with HIPAA and reporting to the Occupational Lung Disease Registry
This is to clarify and confirm the authority of the New York State Department of Health, Bureau of Occupational Health (“Bureau”) to access, inspect and copy, consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- Patient information, including but not limited to, names, addresses, phone numbers, date of birth, gender, ethnicity, occupation and industry, as well as exposure, medical and diagnostic information.

The Bureau’s authority to access, inspect and copy the information described above is set forth in Public Health Law §§ 206(1)(d), 206 (1)(e), 206 (1)(j), and 225(5)(t) and 10 N.Y.C.R.R. §§ 22.4 and 22.5. This information is collected by the New York State Occupational Lung Disease Registry for the purpose of public health surveillance.

Such access has been determined by the NYS Department of Health to be the minimum necessary for protected health information for the stated purpose in compliance with 45 C.F.R. 164.502. Please note that federal regulations permit reasonable reliance given attendant circumstances regarding requests for information made by public officials for stated purposes and by requests made by one covered entity (e.g., the Medicaid program) to another. 45 C.F.R. §164.514(d).

Federal regulations, 45 C.F.R. Part 164.512 authorize disclosure without patient consent in a number of circumstances, including the following:

- Disclosure is permitted to a public health authority authorized by law to access information to prevent/control disease, injury, and disability, e.g., disease reporting, vital statistics reporting, public health surveillance, public health investigations, public health interventions and partner notification.

If you have any questions with respect to authority to access, inspect and copy personally identifiable information, please call Robert Stone, Ph.D. at 1-800-458-1158 ext. 27900.

See reverse for more information about the reporting regulation for the Occupational Lung Disease Registry.
Who must report?

Under Part 22.4 of the State Sanitary Code, every physician, health care facility and clinical laboratory in attendance on a person with clinical evidence of occupational lung disease shall report such occurrence to the New York State Department of Health within 10 days of diagnosis.

Information reported is subject to the confidentiality provisions of the Public Health Law.

Employers will only be contacted if the patient agrees or if confidentiality can be maintained.

What diseases are reportable?

Under the authority of the Public Health Law, all occupational lung diseases are reportable, including:
- Asbestosis/Asbestos-related Disease
- Occupational Asthma (which includes Reactive Airways Dysfunction Syndrome)
- Silicosis
- Occupational Hypersensitivity Pneumonitis
- Berylliosis
- Byssinosis
- Coal Workers Lung Disease
- Hard Metals Disease
- Occupational Bronchitis
- Other Occupational Lung Disease

When is a disease considered “occupational”?

A workplace exposure can either be the cause, a contributing factor or an aggravating factor in the development of a lung disease. Identifying the correct etiology of the illness can facilitate formulation of the diagnosis, and assist in the correction of a hazardous work environment.

How to report?

You may report a case to the Occupational Lung Disease Registry in three ways:
- by phone: 1-866-807-2130
- by fax: 518-402-7909
- by mail: Occupational Lung Disease Registry NYS Department of Health Flanigan Square 547 River Street, Room 230 Troy, NY 12180

If you suspect there is an association between the disease and the workplace, you should report the disease.

What does the Registry do?

Information is collected to identify workplaces and industries where exposures may cause lung disease among the employees. Program staff educate employees about appropriate work practices and protection. Program industrial hygiene staff work with both employers and employees, to assist them in preventing workplace exposures. Educational information about exposure and prevention is provided to health care providers.
Occupational lung disease is the number one work-related illness in the United States. Lung diseases are caused by exposure to irritating, allergenic or toxic substances. In New York State, Occupational Lung Diseases are reportable to the New York State Department of Health 1-866-807-2130

Additional Contacts:

NYS Occupational Health Clinic Network
The New York State Network of Occupational Health Clinics provides medical and education services for workers exposed to workplace hazards.

Albany/Poughkeepsie
Occupational & Environmental Health Center of Eastern New York
(518) 690-4420 or (800) 419-1230

Buffalo
Union Occupational Health Center
(716) 894-9366

Cooperstown
New York Center for Agricultural Medicine and Health
(607) 547-6023 or (800) 343-7527

Long Island
L.I. Occupational and Environmental Health Center
(631) 642-9100

New York City/Health and Hospitals Corporation
Bellevue/NYU Occupational and Environmental Medicine Clinic
(212) 562-4572

New York City/Mt. Sinai
I.J. Selikoff Center for Occupational and Environmental Medicine
(212) 967-6043 (Manhattan)
(718) 279-2736 (Queens)
(914) 964-6737 (Yonkers)

Rochester
Finger Lakes Occupational Health Services
(585) 274-4554 or (800) 925-8615

Syracuse/Binghamton/Utica
Central New York Occupational Health Clinical Center
(315) 432-8899

Additional information and physician reporting forms can be found at:
www.health.state.ny.us/nysdoh/lung/lung.htm

State of New York
George E. Pataki
Governor

Department of Health
Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

New York State Department of Health
Bureau of Occupational Health
547 River Street, Room 230
Troy, New York 12180

12/02