Exposure Control

Phone: 888-778-9073 Fax: 877-436-7096
www.tdisdi.com Email: worldhq@tdisdi.com

Original Date:	**Date Revised:**

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.
This is a protected document complying with all applicable Privacy of Information Act standards, HIPA regulations and OSHA 1910.1030.
This document must be maintained for the life of the employee plus thirty years. Access to this document is strictly prohibited.
Access is only allowed to an authorized department employee and the individual named.

INDIVIDUAL INFORMATION						
Name: (first, last, middle)				❑ M ❑ F	**DOB:**	
Division:	❑ Sheriff	❑ Police	❑ Fire Department	❑ Emergency Management	❑ EMS	❑ Volunteer
Date of Exposure:				**Date of last physical exam:**		

INCIDENT STATISTICS		
How did exposure occur: ❑ Skin Contact/Absorption ❑ Inhalation ❑ Ingestion ❑ Abrasion ❑ Injection ❑ Cut		
Immunizations and Dates	❑ Tetanus:	❑ Pneumonia:
	❑ Hepatitis:	❑ Chickenpox:
	❑ Influenza:	❑ MMR (Measles, Mumps, Rubella):

Describe the incident and how it occurred:

What mitigation protocols were in place to avoid this type of exposure?

❑ Semi positive pressure full face mask	❑ Surface supplied air system	❑ Hand washing
❑ Positive pressure full face mask	❑ Positive pressure air delivery system	❑ Other
❑ Dive helmet	❑ Fresh water wash down/post dive	❑ Other
❑ Dry suit w/ hood	❑ Antibacterial wash down/post dive	❑ Other
❑ Dry gloves	❑ Diver shower	❑ Other

What mitigation protocols were used to avoid this type of exposure?

❑ Semi positive pressure full face mask	❑ Surface supplied air system	❑ Hand washing
❑ Positive pressure full face mask	❑ Positive pressure air delivery system	❑ Other
❑ Dive helmet	❑ Fresh water wash down/post dive	❑ Other
❑ Dry suit w/hood	❑ Antibacterial wash down/post dive	❑ Other
❑ Dry gloves	❑ Diver shower	❑ Other

Have you ever had a blood transfusion? ❑ Yes ❑ No

How long before the effects of exposure were noticed?		
❑ During Dive	❑ 3 – 7 days after dive	❑ 3 – 6 months after dive
❑ Immediately After Dive	❑ 7 – 14 days after dive	❑ 6 – 12 months after dive
❑ Within 24 hours after dive	❑ 14 – 30 days after dive	❑ 1 – 3 years after dive
❑ 24 – 72 hours after dive	❑ 1 – 3 months after dive	❑ 3 – 5 years after dive
How did the effects present itself? (Check if you have or have had any symptoms in the following areas to a significant degree and briefly explain.)		
❑ Itch	❑ Acne/PUS	❑ Drastic changes in weight:
❑ Rash	❑ Tingling in the extremities	❑ Vision Problems
❑ Lesion	❑ Muscle Aches/Pain	❑ Headaches
❑ Burn	❑ Tremors/Body Shakes/Seizures	❑ Memory Loss/Mood Changes
❑ Blister	❑ GID/Diarrhea/Vomiting	❑ Other:
❑ Discolored Skin Tissue	❑ Paralysis	❑ Other:

IF YOU WERE SEEN BY A PHYSICIAN		
Drs. Name: (first, last, middle)	**Contact #:**	**Date of exam:**
Address:		
Was prescription issued: ❑ Yes ❑ No	**Was a diagnosis determined:** ❑ Yes ❑ No	

Individual's Name: (Last, First, M.I.): **Date:**	**Recorder Name:** (Last, First, M.I.): **Date:**
Signature:	**Signature:**