

CRYSTALLINE SILICA

BASELINE HEALTH MONITORING BEFORE STARTING WORK IN A CRYSTALLINE SILICA PROCESS

1. Collection of demographic data

2. Work history

3. Medical history

Administration of a standardised respiratory questionnaire. Two examples are the international Union Against Tuberculosis' *Bronchial Symptoms Questionnaire 1986* [1] or the Medical Research Council's *Questionnaire on Respiratory Symptoms 1986* [2].

4. Physical examination

A physical examination will be conducted with emphasis on the respiratory system.

5. Investigation

The following tests will be used to test the worker's baseline exposure:

- standardised respiratory function tests* to be performed. The tests are FEV₁¹, FVC² and FEV₁/FVC³. The norms for predictive values should be stated.
- chest X-ray, full size PA view. Report to be recorded according to current International Labour Organisation classification.

Note: In order to reduce radiation exposure the frequency of chest X-ray should be minimised. There is potential for excessive X-rays with a workforce that changes employers frequently. Protocols have been reviewed recently by the United Kingdom HSE, see <http://www.hse.gov.uk/research/rrpdf/rr827.pdf>, and there is a general consensus for annual assessment with respiratory questionnaire and lung function tests to look for lung function changes over time.

DURING EXPOSURE TO A CRYSTALLINE SILICA PROCESS

6. Monitoring exposure to crystalline silica

A medical examination should be conducted annually and will include:

- work history
- medical history
- physical examination
- lung function investigation consisting of standardised respiratory function tests and, if required, a chest X-ray.

■ * Spirometry equipment should be calibrated regularly according to a standard protocol.

■ 1. Forced expiratory volume in one second

■ 2. Forced vital capacity

■ 3. Tiffeneau index

The Michigan State University have developed the following protocol [3]:

- **Chest X-ray.** Every 5-10 years in first 20 years of work unless the air levels are above the exposure standard. In order to reduce radiation exposure, the frequency of chest X-rays should be minimised. (Note: be aware of the potential for excessive X-rays where the worker has worked for multiple employers, particularly in the construction industry). An abnormal X-ray or 20-years exposure or more warrants X-rays on a more frequent basis.
- **Pulmonary function tests.** Performed as a baseline and annually. Individuals with progressive decreases in pulmonary function beyond that normally associated with age [4,5] should be closely followed up about the aetiology of the pulmonary function decrement.

The Australian Institute of Occupational Hygienists (AIOH) [6] recommends “where there is a continued likelihood of 50 per cent of the exposure standard being exceeded, exposure monitoring and health surveillance should apply. To overcome limitations in analytical sensitivity, full shift monitoring and the use of a NATA (National Association of Testing Authorities) registered laboratory is recommended.”

AT TERMINATION OF WORK IN A CRYSTALLINE SILICA PROCESS

7. Final medical examination

A final medical examination will be conducted and will include:

- medical history
- physical examination
- investigation.

SUPPLEMENTARY INFORMATION ON CRYSTALLINE SILICA

8. Work activities that may represent a high risk exposure

Silica is silicon dioxide, a naturally occurring widely abundant mineral that forms the major component of most rocks and soils. There are non-crystalline and crystalline forms of silicon dioxide. Crystalline silica is also known as free silica. Crystalline silica dust particles which are small enough to penetrate deep into the lung are termed respirable. Respirable crystalline silica may cause lung damage. The non-crystalline form of silica does not cause this kind of lung damage.

The main form of crystalline silica is quartz. Granite contains 25 per cent to 40 per cent quartz, shales average 22 per cent and sandstones average 67 per cent quartz. Quartz is the major component of sand in locations like stream beds, beaches and deserts. Other polymorphs of silicon dioxide, like cristobalite and tridymite are less common. Crystalline silica is found in varying proportions in aggregates, mortar, concrete and stone.

Examples of work activities involving crystalline silica which require special attention when assessing exposure include:

- excavation, earth moving and drilling plant operations
- clay and stone processing machine operations

- paving and surfacing
- mining and mineral ore treating processes
- construction labouring activities
- brick, concrete or stone cutting, especially using dry methods
- abrasive blasting—blasting agent must not contain >1 per cent crystalline silica
- foundry casting.

POTENTIAL HEALTH EFFECTS FOLLOWING EXPOSURE TO CRYSTALLINE SILICA

9. Route of entry into the body

The primary route of crystalline silica entry into the body is through inhalation.

10. Target organ/effect

Lungs – silicosis, International Agency for Research on Cancer (IARC) Group 1 Carcinogen for lung cancer, chronic obstructive pulmonary disease.

Kidneys – epidemiologic data emerging that silica causes renal disease.

Airborne crystalline silica can bio-accumulate in the lungs and cause disease of the respiratory system.

Large bio-accumulated loads of crystalline silica in the lung substance (or lung parenchyma) can cause a build up of connective tissue, which is termed silicosis, a specific form of pneumoconiosis. Silicosis is an irreversible and progressive condition. Early silicosis may have no untoward effects. However, severe forms can result in poor gas exchange, difficulty in breathing and death. Evidence suggests crystalline silica interacts with other respiratory hazards, like tobacco smoke, to cause airway diseases.

Silicosis virtually always requires prolonged exposure to substantial airborne quantities of respirable crystalline free silica. Four clinical patterns of diffuse lung disease may be seen with silicosis: simple nodular silicosis, progressive massive fibrosis, accelerated silicosis, and acute silicosis or silicoproteinosis.

The AIOH supports the workplace exposure standard of 0.1 mg/m³ for respirable crystalline silica.

However, a “no observable adverse effects level” (NOAEL) cannot be demonstrated. Risks to health are occurring at levels previously thought to be acceptable. Limitations in technology make it difficult to determine a NOAEL if it occurs at very low levels of exposure [6].

Factors thought to influence the potential for respirable crystalline silica to cause silicosis include the following [6]:

- polymorphic type of crystalline silica with cristobalite, tridymite and quartz appearing more reactive and cytotoxic than coesite and shishovite
- presence of other minerals, for example aluminium containing materials reduces the toxic effect of quartz, however, this may only be a temporary effect
- total surface area which is related to particle number, size and surface area of individual particles. Smaller particle size fractions would be expected to cause more lung damage than larger size fractions

- freshly fractured versus 'aged' surfaces. Increased cytotoxicity occurs when crystalline silica particles are cleaved into smaller fragments with reactive free radical species forming on the surface of the particles. There is an 'aging' process where free radical activity decays with time. This occurs slowly in air but rapidly in water.

11. Acute effects

Acute silicosis occurs after a short exposure to very high levels of silica and the alveolar spaces fill with a lipid and proteinaceous exudate. This could occur in exposure in confined spaces where respiratory protection is not worn. The condition causes rapidly progressive dyspnoea and death, usually within months of onset. Workers with acute silicosis may be expected to have a largely restrictive functional abnormality with gas exchange abnormalities.

12. Chronic effects

Simple silicosis is the most common pattern with a profusion of small rounded opacities less than 1 cm in diameter throughout the lung fields but predominantly in the upper lobes of the lung. Hilar lymph nodes may be prominent and calcification can be seen. Pulmonary function is usually well preserved. As silicosis progresses, the individual nodules enlarge and coalesce in a transition to progressive massive fibrosis.

Progressive massive fibrosis occurs as individual lesions conglomerate to form larger masses and emphysema develops in lung tissue as the conglomerate shrinks through fibrosis. Substantial impairment of pulmonary function occurs.

Accelerated silicosis is rare but can develop within two to five years with intense exposure to free silica [7].

Exposure to silica at levels that appear not to cause overt silicosis can cause chronic bronchitis and chronic obstructive airways disease. An increased susceptibility to tuberculosis occurs in workers with established silicosis. Epidemiological studies have revealed an excess prevalence of autoimmune disease like scleroderma, rheumatoid arthritis and systemic lupus erythematosus.

In the last 10 years several studies have linked crystalline silica with renal disease, particularly glomerulonephritis.

13. Carcinogenicity

Several work-related exposure studies indicate the crystalline silica is a potential human carcinogen, but provide little support that work-related silica exposure is a direct acting cancer initiator.

However, there is strong evidence people with many forms of pulmonary fibrosis, including silicosis, have a major risk of developing lung cancer [6]. A number of epidemiologic studies from around the world have shown an increased risk for lung cancer among workers exposed to silica. In 1997, the International Agency for Research on Cancer (IARC) made the following evaluation: crystalline silica inhaled in the form of quartz or cristobalite from work-related sources is carcinogenic to humans (Group 1). IARC also noted that not all studies were consistent, and the carcinogenic potential of silica might be affected by the physical properties of the silica particles [8].

According to the IARC, this category is used when there is sufficient evidence of carcinogenicity in humans. In some circumstances, an agent may be placed in this category when evidence in humans is less than sufficient but there is sufficient evidence of carcinogenicity in experimental animals and strong evidence in exposed humans that the agent acts through a relevant mechanism of carcinogenicity.

The National Toxicology Program also concluded silica was a definite lung carcinogen in 2000 [9].

REFERENCED DOCUMENTS

1. Respiratory Disease Committee of the International Union Against Tuberculosis, *IUAT Bronchial Symptoms Questionnaire*, International Union Against Tuberculosis, 1986.
2. Medical Research Council Committee on Research into Chronic Bronchitis, *MRC Questionnaire on Respiratory Symptoms*, Medical Research Council, 1986.
3. Michigan State University, *Recommended Screening Protocol for Silica Exposed Workers*. <http://www.oem.msu.edu/userfiles/file/Resources/Silica%20Screen%20Protocol.pdf>
4. American College of Occupational and Environmental Medicine <http://www.acoem.org/Guidelines.aspx> search for *Spirometry in the Occupational Health Setting - 2011 Update*.
5. Fishwick D, Naylor S, 'COPD and the workplace. Is it really possible to detect early cases?', *Occupational Medicine*, vol 57, pp 82-84, 2007.
6. Australian Institute of Occupational Hygienists Inc., *AIOH Position Paper: Respirable Crystalline Silica and Occupational Health Issues*, AIOH, Feb 2009.
7. Centers for Disease Control and Prevention, Department of Health and Human Services, 'Current Trends Silicosis: Cluster in Sandblasters – Texas', *Morbidity and Mortality Weekly Review (MMWR)*, vol 39(25), pp 433-437, 1990.
8. International Agency for Research on Cancer, *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Volume 68: Silica, Some Silicates, Coal Dust and para-Aramid Fibres*, International Agency for Research on Cancer, Lyon, 1997.
9. National Toxicology Program, *Silica, Crystalline (Respirable Size)*, in 9th Report on Carcinogens, United States Department of Health and Human Services, Public Health Service, North Carolina, 2000.

FURTHER READING

Health and Safety Executive (UK), *Health surveillance in Silica Exposed Workers*, Health and Safety Executive, London, 2010.

Hendrick D, Burge P, Beckett W, Churg A, *Occupational Disorders of the Lung: Recognition, Management, and Prevention*, WB Saunders, London, 2002.

Steenland K, 'One Agent, Many diseases: Exposure-Response Data and Comparative Risks of Different Outcomes Following Silica Exposure', *American Journal of Industrial Medicine*, vol 48(1), pp 16-23, 2005.

World Health Organisation/International Program on Chemical Safety, *Concise International Chemical Assessment Documents 24: Crystalline Silica, Quartz*, WHO, Geneva, 2000.

HEALTH MONITORING REPORT CRYSTALLINE SILICA

This health monitoring report is a **confidential** health record and must not be disclosed to another person except in accordance with the Work Health and Safety Regulations or with the consent of the worker.

There are two sections. Complete both sections and all questions if applicable.

Section 1 is to be forwarded to the PCBU who has engaged your services. A copy of laboratory report(s) must be attached > > >

Section 2 may contain confidential information which may not be relevant to the health monitoring program being carried out. This section should be retained by the medical practitioner. Information which is required to be given to the PCBU should be summarised in part 7 of section 1.

SECTION 1 - THIS SECTION TO BE RETURNED TO THE PCBU			
1. PERSON CONDUCTING A BUSINESS OR UNDERTAKING			
Company / Organisation name:			
Site address:			
Suburb:			Postcode:
Site Tel:	Site Fax:	Contact Name:	
2. OTHER BUSINESSES OR UNDERTAKINGS ENGAGING THE WORKER			
Company / Organisation name:			
Site address:			
Suburb:			Postcode:
Site Tel:	Site Fax:	Contact Name:	
3. WORKER (✓) all relevant boxes			
Surname:		Given names:	
Date of birth: DD/MM/YYYY	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:			
Suburb:			Postcode:
Current Job:	Tel(H):	Mob:	
Date started employment : DD/MM/YYYY			
4. EMPLOYMENT IN CRYSTALLINE SILICA RISK WORK (✓) all relevant boxes			
1. <input type="checkbox"/> New to crystalline silica work			
2. <input type="checkbox"/> New worker but not new to crystalline silica work			
3. <input type="checkbox"/> Current worker continuing in crystalline silica work			
4. Worked with crystalline silica since DD/MM/YYYY			
5. Satisfactory personal hygiene (for example nail biting, frequency of hand washing)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Risk assessment completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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5. WORK ENVIRONMENT ASSESSMENT		(✓) all relevant boxes
Date of assessment: DD/MM/YYYY		
Crystalline silica Industry		
<input type="checkbox"/> Excavation/Earth Moving <input type="checkbox"/> Drilling Plant <input type="checkbox"/> Clay/Stone Processing <input type="checkbox"/> Paving/Surfacing <input type="checkbox"/> Mining <input type="checkbox"/> Construction <input type="checkbox"/> Abrasive Blasting <input type="checkbox"/> Foundry Casting <input type="checkbox"/> Other (specify):	Controls: Respirator use <input type="checkbox"/> Yes <input type="checkbox"/> No Local exhaust ventilation (if indoors) <input type="checkbox"/> Yes <input type="checkbox"/> No Overalls / work clothing <input type="checkbox"/> Yes <input type="checkbox"/> No Laundering by employer <input type="checkbox"/> Yes <input type="checkbox"/> No Wash basins & showers (with hot & cold water) <input type="checkbox"/> Yes <input type="checkbox"/> No Wet handling methods used where possible <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Personal hygiene: Clean Shaven <input type="checkbox"/> Yes <input type="checkbox"/> No Shower & change into clean clothes at end of shift <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. BIOLOGICAL MONITORING RESULTS Include at least the previous two test results (if available)		
Date	Tests performed	Recommended Action and/or Comment
1. DD/MM/YYYY	Last Chest X-Ray DD/MM/YYYY	Results: Normal / Abnormal _____
2. DD/MM/YYYY	Spirometry	Results: FEV ₁ _____; FVC _____; FEV ₁ /FVC _____
3. DD/MM/YYYY		
4. DD/MM/YYYY		
5. DD/MM/YYYY		
6. DD/MM/YYYY		
7. DD/MM/YYYY		
8. DD/MM/YYYY		

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7. RECOMMENDATIONS (by Medical Practitioner)		(✓) all relevant boxes
1. <input type="checkbox"/> Suitable for work with crystalline silica		
2. <input type="checkbox"/> Counselling required		
3. <input type="checkbox"/> Review workplace controls		
4. <input type="checkbox"/> Repeat health assessment (including any tests) in _____ month(s) / _____ week(s) Specify tests to be repeated: _____		
5. <input type="checkbox"/> Removal from work with crystalline silica	On DD/MM/YYYY	
6. <input type="checkbox"/> Medical examination by Medical Practitioner	On DD/MM/YYYY	
7. <input type="checkbox"/> Fit to resume work	From DD/MM/YYYY	
8. <input type="checkbox"/> Referred to Medical Specialist (respiratory/dermatology/other):	On DD/MM/YYYY	
Specialist's name:		
Additional comments or recommendations arising from health monitoring:		
Medical Practitioner (responsible for supervising health monitoring)		
Name:	Signature	Date: DD/MM/YYYY
Tel:	Fax:	Registration Number:
Medical Practice:		
Address:		
Suburb:	Postcode:	

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SECTION 2 - THIS SECTION TO BE RETAINED BY THE MEDICAL PRACTITIONER			
This questionnaire also allows for recordings of a more general health assessment at the end, if applicable.			
1. PERSON CONDUCTING A BUSINESS OR UNDERTAKING			
Company / Organisation name:			
Site address:			
Suburb:			Postcode:
Site Tel:	Site Fax:	Contact Name:	
2. OTHER BUSINESSES OR UNDERTAKINGS ENGAGING THE WORKER			
Company / Organisation name:			
Site address:			
Suburb:			Postcode:
Site Tel:	Site Fax:	Contact Name:	
3. WORKER (✓) all relevant boxes			
Surname:		Given names:	
Date of birth: DD/MM/YYYY	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address:			
Suburb:			Postcode:
Current Job:		Tel(H):	Mob:
Date started employment : DD/MM/YYYY			

This questionnaire is based on the MRC (UK) Respiratory Questionnaire 1986, which has been extensively validated. This questionnaire is intended to be completed by an interviewer rather than by the patient. Additional questions have been added to cover clinical aspects of bronchial hyper-responsiveness validated by the Department of Occupational and Environmental Medicine, National Lung Institute¹.

The British Occupational Health Research Foundation (BOHRF)² concluded that in the clinical setting, questionnaires that identify symptoms of wheeze and/or shortness of breath which improve on days away from work or on holidays have a high sensitivity, but relatively low specificity for occupational asthma.

Preamble

I am going to ask some questions, mainly about your chest. I would like you to answer **yes** or **no** whenever possible.

If the subject is disabled from walking from a condition other than heart and lung disease, please begin questionnaire at **Question 5** and mark the adjacent box.

■ 1 Venables KM, Farrer N, Sharp L, Graneek BJ, Newman Taylor AJ, 'Respiratory Symptoms Questionnaire for Asthma Epidemiology: Validity and Reproducibility', *Thorax*, vol 48, pp 214-219, 1993.

■ 2 The British Occupational Health Research Foundation (BOHRF), *Guidelines for Prevention, Identification and Management of Occupational Asthma: Evidence Review and Recommendations*, London 2004. www.bohrf.org.uk

4. BREATHLESSNESS AND WHEEZING		
During the last month:		
1. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If Yes to 1 - Do you get short of breath walking with other people of your age on level ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If Yes to 2 - Do you have to stop for breath when walking at your own pace on level ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. If you run, or climb stairs fast do you ever		
a. cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. wheeze?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. get tight in the chest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is your sleep ever broken		
a. by wheeze?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. difficulty in breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you ever wake up in the morning (or from your sleep if a shift worker)		
a. with wheeze?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. difficulty with breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you ever wheeze		
a. if you are in a smoky room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. if you are in a very dusty place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If Yes to either Q5, Q6, Q7 - Are your symptoms better		
a. at weekends (or equivalent if shift worker)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. when you are on holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to Question 8 , please record details of any occupational exposure to respiratory hazards e.g. isocyanates, wood dust, aluminium pot room or asbestos, in Additional notes .		
5. COUGH		
9. Do you usually cough first thing in the morning in winter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you usually cough during the day/ or at night / in the winter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. If Yes to Q9 or Q10 - Do you cough like this on most days for as much as three months each year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. PHLEGM		
12. Do you usually bring up phlegm from your chest first thing in the morning in winter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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13. Do you usually bring up any phlegm from your chest during the day / or at night / in winter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. If Yes to Q12 or Q13 - Do you bring up phlegm like this on most days for as much as three months each year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. PERIODS OF COUGH AND PHLEGM		
15. In the past three years, have you had a period of (increased) cough and phlegm lasting for three weeks or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. If Yes to Q15 - Have you had more than one such episode?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. CHEST ILLNESSES		
17. During the past three years, have you had any chest illness that has kept you from your usual activities for as much as a week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. If Yes to Q17 - Did you bring up more phlegm than usual in any of these illnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. If Yes to Q18 - Have you had more than one illness like this in the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. PAST ILLNESSES		
20. Have you ever had, or been told that you have had any of the following?		
a. An injury, or operation affecting your chest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Heart problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Bronchitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Pneumonia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Pleurisy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Other chest trouble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Hay fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. TOBACCO SMOKING		
21. Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No to Q21		
22. Have you ever smoked as much as one cigarette a day for as long as one year?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. How old were you when you started smoking regularly? _____		
24. a. Do (did) you smoke manufactured cigarettes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to Q24a: How many do (did) you usually smoke per day? _____		
b. on weekdays? _____	c. at weekends? _____	

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25. Do (did) you smoke any other forms of tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes to Q25, record details under Additional notes		
11. FOR EX-SMOKERS		
26. When did you give up smoking? Month _____ Year _____		
Additional notes: 		
12. GENERAL HEALTH ASSESSMENT (if applicable)		
Symptoms of:	Comments	Further testing?
Skin disorders		<input type="checkbox"/> Yes <input type="checkbox"/> No
Headaches, dizziness		<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory disorders		<input type="checkbox"/> Yes <input type="checkbox"/> No
Irritation of eyes, nose or throat		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough		<input type="checkbox"/> Yes <input type="checkbox"/> No
CNS		<input type="checkbox"/> Yes <input type="checkbox"/> No
Others		<input type="checkbox"/> Yes <input type="checkbox"/> No
Height _____cm Weight _____kg Bp ____/____mmHg		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. OTHER MEDICAL HISTORY, FAMILY MEDICAL HISTORY, CURRENT MEDICATION, COMMENTS, TESTS OR RECOMMENDATIONS (use separate sheet if necessary)		
Medical Practitioner (responsible for supervising health monitoring)		
Name:		Signature
		Date: DD/MM/YYYY
Tel:	Fax:	Registration Number:
Medical Practice:		
Address:		
Suburb:		Postcode: