Health monitoring

Guide for dichloromethane
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Introduction

This guide is intended to be read by a registered medical practitioner with experience in health monitoring who is engaged by a person conducting a business or undertaking (PCBU) to carry out or supervise health monitoring. It provides practical guidance to registered medical practitioners about requirements under the work health and safety (WHS) laws for health monitoring.

This guide applies to all workplaces covered by the WHS Regulations where health monitoring is required.

**How to use this guide**

This guide includes references to the legal requirements under the WHS Act and WHS Regulations. These are included for convenience only and should not be relied on in place of the full text of the WHS Act or WHS Regulations.

The words ‘must’, ‘requires’ or ‘mandatory’ indicate a legal requirement exists that must be complied with. The word ‘should’ is used in this guide to indicate a recommended course of action, while ‘may’ is used to indicate an optional course of action.

This guide provides information for those registered medical practitioners engaged by a PCBU to carry out or supervise health monitoring for workers. This guidance should be read in conjunction with the following:

- Health monitoring guide for registered medical practitioners
- Health monitoring guides for hazardous chemicals
- Health monitoring guide for workers
- Health monitoring guide for persons conducting business or undertakings (PCBUs).

**Health monitoring under the WHS Regulations**

In certain circumstances, the model WHS Regulations place duties on a PCBU to provide health monitoring to workers. These requirements arise if the worker is carrying out work with hazardous chemicals including lead and asbestos. In addition, the work being carried out must be the kind of work specified in the WHS Regulations. A PCBU has the duty to determine if health monitoring is required.

The WHS Regulations prescribe that health monitoring is carried out by or supervised by a registered medical practitioner with experience in health monitoring.
Dichloromethane

Dichloromethane (CAS 75-09-2) is a colourless, volatile liquid with a sweetish odour. Synonyms: methylene chloride, methane dichloride, methylene dichloride.

Work activities that may represent a high risk exposure

The major uses of dichloromethane are:

- production of paint stripper
- furniture stripping
- pharmaceutical industry
- chemical manufacturing or formulation
- process solvents
- polyurethane foam manufacturing
- metal degreasing
- stripping and degreasing in electronics industry
- solvent in polycarbon resin production
- photographic film based manufacturing, and
- formulation of adhesives, varnish sealants, adhesive removers, dry cleaning products, paints, insecticides, hair spray, and detergents.

In the food industry dichloromethane is used as an extraction solvent for spice oleoresins, hops, and for the removal of caffeine from coffee. However, due to concern over residual solvent, most decaffeinators no longer use dichloromethane.

Sources of non-occupational exposure

Exposure to dichloromethane outside of the workplace includes:

- extractant in edible fats, cocoa, spices, caffeine and hops
- paint strippers
- hairspray aerosols
- cleaning products
- room deodorants, and
- lubricating and degreasing products in aerosol form.

1. Health monitoring for dichloromethane under the Work Health and Safety (WHS) Regulations

Collection of demographic, medical and occupational history
Physical examination with emphasis on the central nervous system
Urinary dichloromethane

Health monitoring before starting work in a dichloromethane process

Health monitoring for dichloromethane may be required before the worker starts work so that changes to the worker’s health can be detected.

Initial discussions about a health monitoring program should include:

- possible health effects from exposure to dichloromethane
- how to recognise and report symptoms, and
- what is involved in the health monitoring program, for example the frequency of testing and the tests that may be needed.
An initial physical examination should place emphasis on the central nervous system (CNS) if work and medical history indicates this is necessary. An initial medical examination should be carried out for frequent or potential high exposure work (half or more of the eight hour time weighted average) and at 12 month periods thereafter.

**During exposure to a dichloromethane process**

## 2. Monitoring exposure to dichloromethane

Where workers are exposed, suspected of being exposed or are concerned about exposure to dichloromethane, the person conducting the business or undertaking (PCBU) has a duty to arrange a health monitoring appointment with a registered medical practitioner. For example, an appointment should be arranged following spills or loss of containment of dichloromethane resulting in excessive exposure to workers or when workers develop symptoms of dichloromethane exposure.

Up to 75 per cent of inhaled dichloromethane is absorbed. Dichloromethane is also readily absorbed through the skin and following ingestion. Neither dichloromethane nor its metabolites accumulate in tissue. The main route of metabolism of dichloromethane is via oxidation to carbon monoxide (CO) and carbon dioxide that are largely exhaled. Lesser amounts of unchanged parent are eliminated in exhaled breath and in urine. The fractions eliminated can vary depending on the absorbed dose; the oxidative metabolic pathway can become saturated at high doses (greater than 250 ppm).

The following test may be used to test the worker's dichloromethane exposure levels:

- urinary dichloromethane analysis.

Where urinalysis is carried out, the following value may be used as a guide when assessing exposure to dichloromethane:

### Biological exposure guide for dichloromethane

**Urinary dichloromethane:**

0.3 mg/L

Timing of sample collection is important for quantitative evaluation of exposure. Since urine may be assumed to be in diffusional equilibrium with the blood leaving the kidneys, and blood levels appear to reach steady state after two hours of exposure, sampling just after the end of shift should provide an indication of the average exposure over the period since the previous void.

During sample collection, special precautions should be taken to avoid loss of dichloromethane by evaporation or absorption in rubber or plastic, and to avoid contamination of the sample from the atmosphere.

The test is specific for dichloromethane exposure and results are not confounded by smoking status.

### Other health monitoring methods

Other biological tests that may be used (or have been used) to test worker exposure to dichloromethane include measurement of:

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1 American Conference of Governmental Industrial Hygienists (ACGIH) (2017) Biological Exposure Indices; Dichloromethane.

Dichloromethane

- dichloromethane in blood
- dichloromethane in breath
- carboxylated haemoglobin (COHb) in blood, or
- carbon monoxide in exhaled breath.

Dichloromethane levels in blood also provide a specific indication of exposure to dichloromethane. The data are not confounded by smoking status. Sample collection time is critical and similar precautions to those for urine collection for dichloromethane analysis are warranted. Sampling should occur during or immediately after exposure for quantitative analysis. The method may be used as confirmatory for exposure. If this method is used, the following value may be used as a guidance value:

<table>
<thead>
<tr>
<th>Blood dichloromethane levels (immediately after exposure)²:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5–1 mg/L</td>
</tr>
</tbody>
</table>

Dichloromethane in exhaled breath should only be relied upon as a confirmatory test for exposure, rather than as a test for the extent of exposure. The test is specific for dichloromethane exposure. Sample collection time is critical and should occur immediately after exposure. Special precautions should be taken to avoid contamination or loss of sample due to evaporation.

Dichloromethane is metabolised to CO which can bind to haemoglobin in blood to form COHb. COHb levels in blood have been used as an indicator of the extent of dichloromethane exposure. There is generally a good correlation between blood COHb levels and dichloromethane exposure in non-smokers. However, as CO and COHb formation are not restricted to dichloromethane exposure, interpretation of COHb levels as an indicator of dichloromethane exposure is difficult in smokers; in heavy smokers, blood COHb levels may be higher than the guidance value shown below. These potentially confounding factors should be considered when interpreting the results. If this method is used, the following value may be used as a guidance value:

<table>
<thead>
<tr>
<th>Blood COHb levels (end of work shift)³:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 per cent COHb</td>
</tr>
</tbody>
</table>

CO levels in exhaled breath may also provide an indication of dichloromethane exposure. As with blood COHb levels, results may be confounded by smoking. While several CO monitors are commercially available, this test is recommended as an indicator test only, due to its lack of specificity. Confirmatory tests for dichloromethane exposure would still be necessary.

**Workplace exposure standard**

The workplace exposure standard for dichloromethane (dichloromethylene; methylene chloride) is:

- eight hour time weighted average (TWA) of 50 ppm (174 mg/m³).

A physical examination and urinary testing may be indicated if the results of air monitoring indicate frequent or potentially high exposure (half of the TWA or above).

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NOTE: Dichloromethane is readily absorbed through the skin and air monitoring results may not be a true indication of exposure.

Removal from work
Where a medical examination indicates the worker is displaying symptoms of exposure to dichloromethane or where results of biological monitoring indicate exposure that may cause adverse health effects, the registered medical practitioner should consider recommending the worker be removed from dichloromethane-related work.

When removal from dichloromethane-related work is indicated the registered medical practitioner must provide the PCBU with the following recommendations:

- the worker should be removed from work with dichloromethane, and
- the PCBU should review control measures and carry out recommended remedial action.

The worker must be informed of the results of health monitoring.

Return to work
Should a worker be removed from dichloromethane-related work, they must not return until the registered medical practitioner has:

- assessed them as medically fit, and
- made a recommendation to the PCBU that the worker can return to remediated dichloromethane-related work.

This assessment should take into consideration the clinical condition of the worker, the worker’s urinary dichloromethane levels and remediation of the circumstances that led to the symptoms if possible.

At termination of work in a dichloromethane process

3. Final medical examination
Specimens for urine dichloromethane should be collected on the last shift on the last day of work and a final medical examination carried out as soon as practical thereafter.

Workers with health conditions or continuing symptoms due to dichloromethane exposure should be advised to seek continuing medical examinations as organised by the registered medical practitioner supervising the health monitoring program.

A health monitoring report from the registered medical practitioner should be provided to the PCBU as soon as practicable after the completion of the monitoring program, and at regular intervals for longer term or ongoing health monitoring processes. The report must include:

- the name and date of birth of the worker
- the name and registration number of the registered medical practitioner
- the name and address of the PCBU who commissioned the health monitoring
- the date of the health monitoring
- any test results that indicate whether or not the worker has been exposed to a hazardous chemical
- any advice that test results indicate that the worker may have contracted an injury, illness or disease as a result of carrying out the work that triggered the requirement for health monitoring
- any recommendation that the PCBU take remedial measures, including whether the worker can continue to carry out the type of work that triggered the requirement for health monitoring, and
• whether medical counselling is required for the worker in relation to the work that triggered the requirement for health monitoring.

**Potential health effects following exposure to dichloromethane**

4. **Route of occupational exposure**

The primary route of exposure is via inhalation. Dichloromethane may also be absorbed through skin contact. Accidental ingestion may be possible, especially when eating or smoking with contaminated hands.

Absorption occurs rapidly and in high levels of exposure to dichloromethane, saturation can occur, leading to death in some cases. The inhalation absorption rate is 70 to 75 per cent and the oral absorption rate is approximately 97 per cent.

Dichloromethane can cross the blood-brain, and placental barrier, and has also been found in breast milk.

5. **Target organ/effect**

The target organs and potential effects of dichloromethane exposure include:

<table>
<thead>
<tr>
<th>Target organ</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central nervous system</td>
<td>• Impairment of function</td>
</tr>
<tr>
<td></td>
<td>• Dizziness</td>
</tr>
<tr>
<td></td>
<td>• Headache</td>
</tr>
<tr>
<td></td>
<td>• Unconsciousness</td>
</tr>
<tr>
<td></td>
<td>• Death</td>
</tr>
<tr>
<td>Liver</td>
<td>• Dysfunction</td>
</tr>
<tr>
<td>Skin</td>
<td>• Irritation</td>
</tr>
<tr>
<td></td>
<td>• Burns</td>
</tr>
<tr>
<td>Respiratory tract</td>
<td>• Irritation</td>
</tr>
<tr>
<td>Eyes</td>
<td>• Irritation</td>
</tr>
</tbody>
</table>

6. **Acute effects**

The primary health effects associated with acute exposure to dichloromethane is impairment of the CNS function, particularly narcosis and respiratory depression.

Acute inhalation of extremely high concentrations of dichloromethane can be fatal.

**CNS**

Acute exposure to dichloromethane may cause:

- depression of the CNS and neurotoxicity:
  - recurring severe headaches
  - numbness/tingling in hands and feet
  - dizziness
  - loss of memory, confusion, irritability and personality changes
  - slurred speech
Dichloromethane

- deficits in visual and psychomotor performance (incoordination, reaction time, hand precision, steadiness, gait impairment) and auditory function
- drowsiness
- narcosis
- loss of consciousness, and
- seizures
- coma, and
- death.

The non-lethal effects on the CNS are not permanent and generally cease after the worker has been removed from the workplace and the chemical has been cleared from the body.

**Respiratory system**

Acute exposure to dichloromethane via inhalation may cause upper respiratory tract irritation, coughing breathlessness and tightness of the chest.

**Cardiovascular system**

Dichloromethane may cause transient electrocardiography (ECG) changes resembling carbon monoxide poisoning. Such abnormalities most often involved the ST segment and T wave, features associated with acute coronary ischemia. Reported cases of dysrhythmias are rare and, if encountered, benign in nature.

**Gastrointestinal system**

Acute exposure to dichloromethane via ingestion may cause nausea, vomiting gastrointestinal ulceration and liver dysfunction.

**Haematological system**

Acute exposure to dichloromethane via inhalation may cause increased COHb, increases in red cell count, haemoglobin, and haematocrit may be seen.

**Eyes**

Acute exposure to airborne dichloromethane may cause irritation, and in severe exposure, corneal burns.

**Skin**

Acute skin exposure to dichloromethane may cause chemical burns, skin irritation and blistering.

7. **Chronic effects**

The major effects from chronic inhalation exposure to dichloromethane in humans are effects on the CNS such as headaches, dizziness, nausea and memory loss.

Liver toxicity and congestion may also occur.

8. **Carcinogenicity**

Dichloromethane has been classified as a Category 2 carcinogen according to the Globally Harmonized System of Classification and Labelling of Chemicals (GHS) as it is suspected of causing cancer in humans.

9. **GHS classification**

The following GHS health hazard classification for dichloromethane has been taken from Safe Work Australia’s Hazardous Chemicals Information System.
Dichloromethane

**Hazard category**
Carcinogenicity – category 2

**Source documents**


American Conference of Governmental Industrial Hygienists (ACGIH) (2017) Biological Exposure Indices; Dichloromethane.


Centers for Disease Control and Prevention; The National Institute for Occupational Safety and Health (NIOSH);[Methylene Chloride](https://www.cdc.gov/niosh/.


National Industrial Chemicals Notification and Assessment Scheme; Human Health Tier II Assessment for[Methane, dichloro](https://www.incas.gov.au/).

Safe Work Australia (2013); *Workplace Exposure Standards for Airborne Contaminants* (PDF 873KB).

Safe Work Australia; *[Hazardous Chemicals Information System](https://www.hcis.gov.au/).


United States Department of Labor; Occupational Safety and Health Administration;[Methylene Chloride](https://www.cdc.gov/niosh/) World Health Organisation; *Chapter 5.7 Dichloromethane* (PDF 184KB).

US Environmental Protection Agency; Assessing and Managing Chemicals under TSCA; Fact Sheet: [Methylene Chloride or Dichloromethane (DCM)](https://www.epa.gov/).
Health monitoring report

Dichloromethane
Health monitoring report – Dichloromethane

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 as applicable.

Section 1 A copy of this section should be forwarded to the person conducting the business or undertaking (PCBU) who has engaged your services.

Section 2 may contain confidential health information. Information that is required to be given to the PCBU should be summarised in Section 1.

<table>
<thead>
<tr>
<th>Section 1 – A copy of this section to be provided to the PCBU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person conducting a business or undertaking</strong></td>
</tr>
<tr>
<td>Company/organisation name: Click here to enter text.</td>
</tr>
<tr>
<td>Site address: Click here to enter text.</td>
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<tr>
<td>Suburb: Click here to enter text.</td>
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<td>Site Tel: Click here to enter text.</td>
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<td>Contact Name: Click here to enter text.</td>
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<td>Postcode: Click here to enter text.</td>
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<td>Site Fax: Click here to enter text.</td>
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<table>
<thead>
<tr>
<th>Other businesses or undertakings engaging the worker</th>
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<tbody>
<tr>
<td>(include a separate section for each PCBU)</td>
</tr>
<tr>
<td><strong>Company/organisation name:</strong> Click here to enter text.</td>
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<td><strong>Site Fax:</strong> Click here to enter text.</td>
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<table>
<thead>
<tr>
<th>Worker details (tick all relevant boxes)</th>
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<tbody>
<tr>
<td><strong>Surname:</strong> Click here to enter text.</td>
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<tr>
<td><strong>Given names:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Date of birth:</strong> Click here to enter a date.</td>
</tr>
<tr>
<td><strong>Sex:</strong> Male ☐ Female ☐</td>
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<tr>
<td><strong>Address:</strong> Click here to enter text.</td>
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<tr>
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<td><strong>Postcode:</strong> Click here to enter text.</td>
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<tr>
<td><strong>Current job:</strong> Click here to enter text.</td>
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<td><strong>Tel (H):</strong> Click here to enter text.</td>
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<tr>
<td><strong>Mob:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Date started employment:</strong> Click here to enter a date.</td>
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</tbody>
</table>

**Employment in dichloromethane risk work** (tick all relevant boxes) (information provided by the PCBU)

☐ New to dichloromethane work

☐ N/A
Health monitoring report – Dichloromethane

This form contains confidential information and must not be disclosed to another person except in accordance with the Work Health and Safety Regulations or with consent of the worker

☐ New worker but not new to dichloromethane work
☐ Current worker continuing in dichloromethane work

Worked with dichloromethane since: Click here to enter a date.

Risk assessment completed: ☐ Yes ☐ No

Work environment assessment (tick all relevant boxes) (Information provided by the PCBU)

Date of assessment: Click here to enter a date.

Dichloromethane industry/use
☐ Production of paint stripper ☐ Furniture stripping
☐ Pharmaceutical industry ☐ Chemical manufacturing or formulation
☐ Processing solvents ☐ Polyurethane foam manufacturing
☐ Food industry ☐ Metal degreasing
☐ Stripping and degreasing in electronics industry
☐ Using solvent in polycarbonate resin production
☐ Photographic film based manufacturing

Formulation of:
☐ Adhesives ☐ Varnish sealants
☐ Adhesive removers ☐ Dry cleaning products
☐ Paints ☐ Insecticides
☐ Hair spray ☐ Detergents
☐ Other (specify): Click here to enter text.

Controls

<table>
<thead>
<tr>
<th>Wear gloves</th>
<th>☐ Yes ☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respirator use</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Respirator type</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Local exhaust ventilation</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Overalls/work clothing</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Laundering by employer</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Wash basins and showers (with hot and cold water)</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Health monitoring results

Biological monitoring results
Include/attach test results that indicate whether or not the worker has been exposed
Date: Click here to enter text.
Tests performed: Click here to enter text.
Recommended action or comment: Click here to enter text.

Comments about health monitoring results (for example any early indications or diagnosis of injury, illness or disease): Click here to enter text.

Recommendations (by registered medical practitioner) (tick all relevant boxes)

Further/additional health monitoring for worker
☐ This is the final health monitoring report
☐ Repeat health assessment in Click here to enter text. month(s) / Click here to enter text. week(s)
☐ Counselling required
☐ Medical examination by registered medical practitioner. On Click here to enter a date.
☐ Referred to Medical Specialist (respiratory/dermatology/other). On Click here to enter a date.

Recommendations to PCBU
☐ The worker is suitable for work with dichloromethane
☐ Review workplace controls
☐ The worker should be removed from work with dichloromethane. On Click here to enter a date.
☐ The worker is fit to resume work. On Click here to enter a date.
☐ Biological monitoring results indicate unacceptably high exposure levels

Specialist’s name: Click here to enter text.
Additional comments or recommendations: Click here to enter text.

Registered medical practitioner (responsible for supervising health monitoring)
Name: Click here to enter text.
Signature:

Date: Click here to enter a date.
Tel: Click here to enter text.
Fax: Click here to enter text.
Registration Number: Click here to enter text.
Medical Practice: Click here to enter text.
Address: Click here to enter text.
Suburb: Click here to enter text.
Postcode: Click here to enter text.
Section 2 – This section to be retained by the registered medical practitioner

**Person conducting a business or undertaking**

<table>
<thead>
<tr>
<th>Company/organisation name:</th>
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**Other businesses or undertakings engaging the worker**

☐ N/A

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**Worker details (tick all relevant boxes)**

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<td>Date of birth:</td>
<td>Click here to enter a date.</td>
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<tr>
<td>Sex:</td>
<td>Male</td>
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<td>Suburb:</td>
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<td>Current job:</td>
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<td>Tel (H):</td>
<td>Click here to enter text.</td>
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<tr>
<td>Mob:</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Date started employment:</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

**Past employment and exposure details (tick all relevant boxes)**

Have you ever worked in any of the following jobs?
If you answered 'yes' to any of the questions, please advise if you experienced any symptoms such as cough or wheeze or asthma when working.

<table>
<thead>
<tr>
<th>Smelter or refinery</th>
<th>No</th>
<th>Yes</th>
<th>Comments (all 'yes' answers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production of paint stripper</td>
<td>No</td>
<td>Yes</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Furniture stripping</td>
<td>No</td>
<td>Yes</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Pharmaceutical industry</td>
<td>No</td>
<td>Yes</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>Chemical manufacturing or formulation</td>
<td>No</td>
<td>Yes</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Comments (all 'yes' answers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processing of solvents</td>
</tr>
<tr>
<td>Polyurethane foam manufacturing</td>
</tr>
<tr>
<td>Food industry - extraction solvent for spice oleoresins, hops, and for the removal of caffeine from coffee</td>
</tr>
<tr>
<td>Metal degreasing</td>
</tr>
<tr>
<td>Stripping and degreasing in electronics industry</td>
</tr>
<tr>
<td>Using solvent in polycarbon resin production</td>
</tr>
<tr>
<td>Photographic film based manufacturing</td>
</tr>
<tr>
<td>Formulation of adhesives, varnish sealants, adhesive removers, dry cleaning products, paints, insecticides, hair spray, and detergents</td>
</tr>
<tr>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

**General health questionnaire** (tick all relevant boxes)

| Did you suffer any incapacity lasting two weeks or longer in the last two years | ☐ No  ☐ Yes | Click here to enter text. |
| Have you ever had any operations or accidents or been hospitalised for any reason | ☐ No  ☐ Yes | Click here to enter text. |
| Are you currently being treated by a doctor or other health professional for any illness or injury | ☐ No  ☐ Yes | Click here to enter text. |
| Are you currently receiving any medical treatment or taking any medications. Please detail. | ☐ No  ☐ Yes | Click here to enter text. |
| Do you currently smoke | ☐ No  ☐ Yes | Click here to enter text. |
| Do you practice personal hygiene at work, for example nail biting, frequency of hand washing, eating or smoking, clean shaven, shower and change into clean clothes at end of shift | ☐ No  ☐ Yes |
### Specific health questions (tick all relevant boxes)

**Do you have or have you ever had:**

- **Chest pains or irregular heartbeats or suffered from rheumatic fever**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **High blood pressure or heart disease (including heart attack, heart surgery, murmurs, angina)**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Family history of heart disease**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Shortness of breath on exertion**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Wheezing, bronchitis or asthma now or in the past**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Any other lung or respiratory conditions (emphysema, pneumonia or sinusitis)**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Allergies, hay fever, or allergic bronchitis**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Liver disease (including alcohol related or other hepatitis)**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Fits, blackouts, dizziness or fainting**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Epilepsy**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Severe head or spinal injury resulting in hospitalisation**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Severe headaches or migraines**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Chronic fatigue or tiredness**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Significant weight loss**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Any neurological condition affecting nerves in your feet or hands, your coordination or balance**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Heavy use or substance abuse of drugs or alcohol**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Skin disorders or dermatitis**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Any form of cancer**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

- **Any other significant health conditions**  
  - [ ] No  
  - [ ] Yes  
  [Click here to enter text.]

### General health assessment (if applicable)

- **Height:** [Click here to enter text.] cm  
  **Weight:** [Click here to enter text.] kg

- **BP:** [Click here to enter text.] / [Click here to enter text.] mmHg

- **Urinalysis**
**Health monitoring report – Dichloromethane**

This form contains confidential information and must not be disclosed to another person except in accordance with the Work Health and Safety Regulations or with consent of the worker.

**Blood:** □ Normal □ Abnormal

**Protein:** Click here to enter text.

**Sugar:** Click here to enter text.

<table>
<thead>
<tr>
<th>Medical comments (for all yes/abnormal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure □ Normal □ Abnormal</td>
</tr>
<tr>
<td>Heart rate □ Normal □ Abnormal</td>
</tr>
<tr>
<td>Heart sounds □ Normal □ Abnormal</td>
</tr>
<tr>
<td>Murmurs present □ No □ Yes</td>
</tr>
<tr>
<td>Evidence of cardiac failure/oedema □ No □ Yes</td>
</tr>
</tbody>
</table>

**Cardiovascular system**

**Respiratory system**

<table>
<thead>
<tr>
<th>Medical comments (for all yes/abnormal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing normal and regular in character □ Yes □ No</td>
</tr>
<tr>
<td>Auscultation normal □ Yes □ No</td>
</tr>
<tr>
<td>Signs of past/present respiratory disease □ No □ Yes</td>
</tr>
</tbody>
</table>

**Nervous system**

<table>
<thead>
<tr>
<th>Medical comments (for all yes/abnormal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscular tone, co-ordination □ Normal □ Abnormal</td>
</tr>
<tr>
<td>Tremor □ No □ Yes</td>
</tr>
</tbody>
</table>

**Skin**

<table>
<thead>
<tr>
<th>Medical comments (for all yes/abnormal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eczema, dermatitis or allergy □ No □ Yes</td>
</tr>
<tr>
<td>Skin cancer or other abnormality □ No □ Yes</td>
</tr>
<tr>
<td>Evidence of nail biting □ No □ Yes</td>
</tr>
<tr>
<td>Mouth - stomatitis □ No □ Yes</td>
</tr>
<tr>
<td>Gums – ulcers or bleeding □ No □ Yes</td>
</tr>
<tr>
<td>Other □ No □ Yes</td>
</tr>
</tbody>
</table>
Figure 1 Template of the human body to indicate the location of abnormalities

**Biological monitoring results**

Include/attach at least the previous two test results (if available)

<table>
<thead>
<tr>
<th>Date</th>
<th>Tests performed</th>
<th>Recommended action or comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click here to enter a date.</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td></td>
<td>Click here to enter a date.</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td></td>
<td>Click here to enter a date.</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td></td>
<td>Click here to enter a date.</td>
<td>Click here to enter text.</td>
</tr>
</tbody>
</table>

**Other medical history, family medical history, current medication, comments, tests or recommendations** (use separate sheet if necessary)

Click here to enter text.
<table>
<thead>
<tr>
<th><strong>Registered medical practitioner</strong> (responsible for supervising health monitoring)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Signature:</strong></td>
</tr>
<tr>
<td><strong>Date:</strong> Click here to enter a date.</td>
</tr>
<tr>
<td><strong>Tel:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Registration Number:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Medical Practice:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Address:</strong> Click here to enter text.</td>
</tr>
<tr>
<td><strong>Suburb:</strong> Click here to enter text.</td>
</tr>
</tbody>
</table>