



Questionnaire : assessment of exposure to chemical toxics in containers' atmosphere

Administrative data :

First Name :

Second name :

Age :

Gender :

Occupational data:

Workplace :

Time at workplace:

Exposing tasks :

	Yes/no	Frequency	Gaz and/or fumigants if known
Opening containers			
Unloading containers			
Unloading bulk carrier			

Clinical signs:

Have you been exposed to gas during worktasks:

During exposing tasks, have you ever have clinical signs :

Respiratory	« wheezing »	Yes/ No
	cough	Yes/ No
nasal	nasal Irritation	Yes/ No
	epistaxis	Yes/ No
digestive	Nausea-vomiting	Yes/ No
	Diarrhea	Yes/ No
neurological	Headaches	Yes/ No

	Dizziness	Yes/ No
	Consciousness disorders	Yes/ No
	Muscular weakness	Yes/ No

Chronic exposure :

Signes respiratoires	Medication for Asthma	Yes/ No
	wheezing	Yes/ No
	COPD	Yes/ No
Signes neurologiques	Concentration disorders	Yes/ No
	Memory disorders	Yes/ No
	Libido disorders	Yes/ No
	depression	Yes/ No
	Smelling or gustative disorders	Yes/ No
	Paresthesia of lower limbs	Yes/ No

Medical test :

Initial :

- ECG and cardiological consultation
- Blood : Hemoglobin, renal function, liver enzymes
- Spirometry
- Ergovision and colors' vision

If acute exposure (in short-time) :

- Human Biomonitoring in blood and urine ((methyl bromide, ethylene oxide, ethylene dichloride, chloropicrin, methylene chloride,))
- Blood test with hemoglobin, ionogram, renal function, liver enzymes and muscle enzyme, troponin
- ECG
- spirometry +/- métacholin test

Chronic exposure:

- spirometry and métacholin test
- NeuroPsychological Tests
- Colour vision Test
- Cranial CT