6T. Health Monitoring and Surveillance during Response Operations

Deepwater Horizon Health Hazard Evaluation Survey

<table>
<thead>
<tr>
<th>Date _____________</th>
<th>NIOSH Health Hazard Evaluation on the Oil Spill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Age of Male/Female</td>
</tr>
<tr>
<td></td>
<td>Male</td>
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</tbody>
</table>

Are you a:
- [ ] BP employee
- [ ] Contractor employee
- [ ] Coast Guard
- [ ] Other____________________

Name of Current Employer during this Oil Spill Event

List your Usual Job before this one.

Number of days working on the Oil Spill Activities:

Have you had exposure to:

- Oil
- Dispersant
- Cleaners
- Dust

Do you have any of the following symptoms? (Please put a checkmark next to all that apply)

- Scapes or cuts
- Burns by fire
- Chemical burns
- Bad sunburn
- Headaches
- Dizziness
- Feeling faint
- Fatigue/exhaustion
- Weakness
- Itchy eyes
- Red or irritated eyes
- Nose irritation
- Nose bleed
- Sinus problems
- Sore throat
- Metallic taste

Any Other symptoms:

Cough
- Trouble breathing
- Short of breath
- Chest tightness
- Wheezing
- Fast heart beat
- Chest pressure
- Nausea
- Vomiting
- Stomach cramps
- Diarrhea
- Itchy skin
- Red skin
- Rash
- Hot and dry skin

Do you smoke cigarettes?
- Yes
- No

Do you have any health problems?
- Allergies
- Lung Problems
- High blood pressure
- Diabetes
- Dermatitis or skin rash

Any Other problems?

Neck pain
- Shoulder pain
- Hand pain
- Back pain

Feeling worried/stressed
- Feeling pressured
- Feeling depressed / hopeless
- Feeling short tempered
- Frequent changes in mood

Have you:
- Had skin contact with the oil
- Experienced disturbing odors

Check any training you have had for this event:
- No training yet
- 45 minutes of training
- 4 hours of training
- Haz-Mat Training
- Other