



Health Services
LOS ANGELES COUNTY

CONFIDENTIAL
COUNTY WORKFORCE MEMBER
HAZARDOUS DRUG QUESTIONNAIRE

👉 See GENERAL INSTRUCTIONS on Page 3

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
JOB CLASSIFICATION:	ITEM NO.:	WORK FACILITY:	
DEPARTMENT:	WORK AREA/UNIT:	SHIFT:	PAY LOCATION:
E-MAIL ADDRESS:	WORK PHONE NO.:	CELL/PAGER NO.:	SUPERVISOR NAME:

INITIAL ANNUAL POST-EXPOSURE EXIT/TRANSFER

MEDICAL HISTORY

In the course of the last year, have you had any changes in your general health? Yes No

NOT YES SURE NO		NOT YES SURE NO	
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ONLY COMPLETE THIS SECTION IF YOU HANDLE BACILLUS CALMETTE GUERIN (BCG) NA

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Cough lasting more than 3 weeks?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. Excessive sputum?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Coughing up blood?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. Excessive fatigue/malaise?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. Unexplained/unintended weight loss (>5 lbs.)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. Recent close contact with a person with TB?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Night sweats (not related to menopause)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. History of immune dysfunction, receiving chemotherapy or immunosuppressed?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. Fever/chills?		

ONLY COMPLETE THIS SECTION IF YOU HANDLE ANTINEOPLASTIC AGENTS NA

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. Do you have a current chemo certification?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	25. Do you have blood in your urine?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11. Do you have a history of cancer?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26. Do you have pain with urination?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12. Do you smoke?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	27. Do you have any skin changes?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13. Do you have diagnosed liver disease?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	28. Do you have any skin rashes?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	14. Do you have frequent headaches?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	29. Do you have hair loss?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	15. Do you have lightheadedness or dizziness?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30. Do you have unintended weight loss?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16. Do you have extreme fatigue or malaise?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31. Do you have peripheral extremity swelling?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17. Do you have anemia?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	32. Do you have problems with infertility?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18. Do you have unexplained fevers?	FOR WOMEN ONLY	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19. Do you have an increase in infections?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	33. Do you have a history of spontaneous abortions, stillbirth, or birth defects?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20. Do you have increased frequency of sore throats?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	34. Are you breastfeeding?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	21. Do you have decreased appetite?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	35. Do you have any menstrual irregularities?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22. Do you have nausea or vomiting?	If yes, please specify the types of menstrual irregularity? _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23. Do you have frequent diarrhea?		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24. Do you have black tarry stool?		

EXPOSURE HISTORY

NOT YES SURE NO	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	36. Do you wear personal protective equipment (PPE) when in contact with anti-neoplastic/hazardous drugs? If yes, what types of PPE do you use? _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	37. Do you dispose of items containing anti-neoplastic/hazardous drugs properly?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	38. Is there an emergency spill kit available on the job site?

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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	39. Have you had a known exposure? <input type="checkbox"/> Inhalation <input type="checkbox"/> Skin contact <input type="checkbox"/> Skin absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection When was this exposure? Date: _____ Drug name: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	40. Did you seek medical attention?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	41. Approximately how many hours do you spend handling anti-neoplastic/hazardous drugs per week or month? Week _____ OR Month _____

ANTINEOPLASTIC AND HAZARDOUS DRUGS Please indicate the average frequency of use					
Generic / Trade Drug Name	# Administrations / Preparations per day	OR	# Administrations / Preparations per week	OR	# Administrations / Preparations per month
abiraterone / Zytiga					
ado-trastuzumab emtansine / Kadcyca					
afatinib / Gilotrif					
altretamine / Hexalen					
anastrozole / Arimidex					
arsenic trioxide / Trisenox					
axitinib / Inlyta					
azacitidine / Vidaza					
belinostat / Beleodaq					
bendamustine / Treanda, Bendeka					
bexarotene / Targretin					
brentuximab vedotin / Adcetris					
bicalutimide / Casodex					
bleomycin / Blenoxane					
bortezomib / Velcade					
bosutinib / Bosulif					
busulfan / Busulfex, Myleran					
cabazitaxel / Jevtana					
cabozantinib / Cometriq					
capecitabine / Xeloda					
carboplatin / Paraplatin					
carfilzomib / Kyprolis					
carmustine / BCNU, Bicnu					
chlorambucil / Leukeran					
cisplatin / Platinol					
cladribine / Leustatin					
clofarabine / Clolar					
crizotinib / Xalkori					
cyclophosphamide / Cytoxan					
cytarabine / Ara-C, Depocyte					
dabrafenib / Tafinlar					
dacarbazine / DTIC-Dome					
dactinomycin / Cosmegen					
dasatinib / Sprycel					
daunorubicin / Cerubidine					
decitabine / Dacogen					
degarelix / Firmagon					
docetaxel / Taxotere					
doxorubicin / Adriamycin					
doxorubicin, liposomal / Doxil					
enzalutamide / Xtandi					
epirubicin / Ellence					
eribulin / Halaven					
erlotinib / Tarceva					

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
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ANTINEOPLASTIC AND HAZARDOUS DRUGS Please indicate the average frequency of use					
Generic / Trade Drug Name	# Administrations / Preparations per day	OR	# Administrations / Preparations per week	OR	# Administrations / Preparations per month
estramustine / Emcyt					
etoposide / VP16, Vepesid					
everolimus /Afinitor, Afinitor Disperz, Zortress					
exemestane / Aromasin					
floxuridine / FUDR, Fdur					
fludarabine / Fludara					
fluorouracil / 5-FU, Efudex, Adrucil					
flutamide / Eulexin					
fulvestrant / Faslodex					
gemcitabine / Gemzar					
goserelin / Zoladex					
histrelin / Supprelin LA, Vantas					
hydroxyurea / Droxia, Hydrea					
idarubicin / Idamycin PFS					
ifosfamide / Ifex					
imatinib / Gleevec					
irinotecan / Camptosar					
Irinotecan, liposomal / Onivyde					
ixazomib / Ninlaro					
ixabepilone / Ixempra					
letrozole / Femara					
leuprolide / Lupron, Eligard, Lupron Depot					
lomustine / CCNU, Ceenu					
mechlorethamine / Nitrogen Mustard					
megestrol / Megace, Megace ES					
melphalan / Alkeran					
mercaptopurine / Purinethol, Purixan					
methotrexate / Trexall, Rheumatrex					
mitomycin / Mutamycin, Mitosol					
mitotane / Lysodren					
mitoxantrone / Novantrone					
nelarabine / Arranon					
nilotinib / Tasagna					
omacetaxin / Synribo					
oxaliplatin / Eloxatin					
paclitaxel / Taxol					
paclitaxel, protein-bound / Abraxane					
panobinostat / Farydak					
pazopanib / Votrient					
pemetrexed / Alimta					
pentostatin / Nipent					
pertuzumab / Perjeta					
pomalidomide / Pomalyst					
ponatinib / Iclusig					
pralatrexate / Foltyn					
procarbazine / Matulane					
regorafenib / Stivarga					
romidepsin / Istodax					
sorafenib / Nexavar					
streptozocin / Zanosar					
sunitinib / Sutent					
tamoxifen / Soltamox					
temozolomide / Temodar					

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ANTINEOPLASTIC AND HAZARDOUS DRUGS Please indicate the average frequency of use					
Generic / Trade Drug Name	# Administrations / Preparations per day	OR	# Administrations / Preparations per week	OR	# Administrations / Preparations per month
temsirolimus/ Torisel					
teniposide / Vumon					
thioguanine / Tabloid					
thiotepa					
topotecan / Hycamtin					
toremifene / Neutrexin					
trametinib / Mekinist					
trastuzumab / Herceptin					
trifluridine/tipiracil (combination) / Lonsurf					
triptorelin / Trelstar, Trelstar LA					
valrubicin / Valstar					
vandetanib / Caprelsa					
vemurafenib / Zelboraf					
vinblastine / Velban					
vincristine / Oncovin					
vinorelbine / Navelbine					
vismodegib / Erivedge					
vorinostat / Zolinza					
ziv-aflibercept / Zaltrap					
BIOHAZARD DRUG LIST					
Bacillus Calmette Guerin / TICE BCG, TheraCys					
Talimogene laherparepvec – Imlygic					

ACKNOWLEDGMENT

- ✓ The answers to the questions contained in this questionnaire are to the best of my knowledge. I am aware that this hazardous drug health surveillance does not take the place of regular visits to a personal, primary care physician.
- ✓ Department of Health Services Pharmacy has put in place a variety of administrative, engineering and work practices controls to reduce the risk of occupational exposure to hazardous drugs.
- ✓ I have been provided training on hazardous drug handling techniques, appropriate personal protective equipment including the communication of hazards.
- ✓ I am aware that handling antineoplastic / hazardous drugs may cause adverse health effects, and workforce members of reproductive capability must confirm in writing that they understand the risks of handling hazardous drugs.

County Workforce Member Signature: _____ Date: _____

PHYSICIAN OR LICENSED HEALTH CARE PROFESSIONAL

COMMENTS: _____

Based on review of the anti-neoplastic questionnaire, there is a need for medical exam. Yes No Declination Signed

Physician or Licensed Health Care Professional Signature	Print Name	License No.	Date
Facility Name/Address		Phone No.	

LAST NAME:	FIRST, MIDDLE NAME:	BIRTHDATE:	EMPLOYEE NO.:
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 **GENERAL INSTRUCTIONS**

In accordance with the Anti-Neoplastic / Hazardous Drug Medical Surveillance policy, workforce members who are routinely exposed to hazardous drugs will be enrolled and monitored as part of the medical surveillance program. This includes workforce members who directly handle drugs such as nursing staff, pharmacists, and pharmacy technicians. Occupational risk includes preparation, administration, and disposal of hazardous drugs.

Workforce member shall complete this Anti-Neoplastic/ Hazardous Drug Questionnaire form, which contains the workforce member's medical and work history. The medical examination shall be conducted at pre-placement/assignment, annually, post-exposure, or more frequently as required, without cost to County workforce members. Identification of workforce members who need to be monitored will be made by Service Area Managers/Supervisors. Medical surveillance may be discontinued if the workforce member no longer works with anti-neoplastic agents.

Workforce member must sign the Declination of Medical Treatment if he/she declines to complete Hazardous/Anti-Neoplastic Drug Questionnaire or Exam.

Non-County workforce members who have potential exposure to occupational hazards will be included in the surveillance program but will not have their assessments done through the County, unless specified in contract/agreement. Emergency services will be provided post-exposure within the allowable time frames, but will be billed to the contractor or agency, as appropriate.

Hazardous drug medical surveillance records shall be maintained for the duration of employment/assignment plus thirty (30) years, in accordance with 29 CFR §1910.1020 and 8 CCR §3204 of the General Industry Safety Orders.

DHS-EHS staff shall verify/review documentation(s) and record completion of this form for workforce member. This form and its attachment(s), if any, such as medical records shall be filed in workforce member's EHS medical file. All medical records of workforce member are confidential in accordance with federal, state and regulatory requirements.

DHS-EHS will obtain the workforce member's written consent before using or disclosing medical information, include to self, unless the disclosure is required by State or Federal law such as to a public health authority or governmental regulatory agency. An agency such as Cal-OSHA will need to provide a written order to access medical records with personally identifiable information. That written order will need to be posted at the facility upon such request. 8CCR §3204(e)(3)

Workforce members have the right to access their medical records and obtain a copy, thereof, within fifteen (15) days after the request.