HEALTH RESEARCH GROUP
2000 P Street, N.W.
Washington, D.C. 20036
202/872-0320

File
Empl Relations
OSHA

QUESTIONNAIRE TO PLANT PHYSICIANS

The Health Research Group is a public interest group funded by Public Citizen, Inc. The purpose of this questionnaire is to gather information for a report about the efficacy of occupational health services in this country. All surveyed plants will be listed in the final report and non-respondents will be listed as such. Feel free to comment or add any clarification that you feel necessary in response to the questions. Please return the questionnaire by August 10, 1974. (A copy of the final report will be mailed to cooperating physicians upon request.) Your participation is greatly appreciated.

Name of physician: _____

Title: _____

Years of employment (by present company): _____

Are you employed full-time or part-time? _____

Number of hours employed per week: _____

Name of company: _____

Your mailing address: _____

_____

_____

Name and local number of union at plant: _____

Where were you employed prior to your present job? _____

_____

How long were you employed there? _____

1. Please indicate your academic training and background by circling the appropriate answer or supplying the requested information.

   a. Date graduated from medical school: _____

   b. Academic residency in occupational medicine: None 1 year 2 years

   c. "In-plant" residency in a Board approved program: Yes No

   d. Certification by American Board of Preventive Medicine in Occupational Medicine: Yes No

   e. Please list other areas of residency training and indicate those in which you are Board-certified.

   f. Please list any other relevant training.

2. Do you think that there is enough attention given to occupational health in medical school? (Please circle answ rs) Yes No

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3. Hav you ever taught occupational health in a medical school, or a school of public health? Yes No

   If yes, where, and for how many hours per year?

4. At your plant are you responsible for insuring that new data on occupational health hazards is included in your:

   a. Medical surveillance program? Yes No

   b. Industrial hygiene program? Yes No

   If either of these is your responsibility, please send written materials relevant to the program.

   If either of these is not your responsibility, please list the title or position of the person who is responsible:

   a. _____

   b. _____

5. Have you ever met with all employees to inform them of the health hazards they will encounter at work and the precautionary measures that need to be taken? Yes No

   If yes, how often do you <u>regularly</u> meet with the employees to discuss occupational health?

6. Have you ever distributed to the employees any written information on occupational health hazards? Yes No

   If yes, please include samples.

7. Are the workers in your plant given a list of all the chemical names of substances to which they are exposed? Yes No

8. Do you ask the employees to report all health problems to you, even if they aren't sure that the problems are occupationally-related? Yes No

9. Do you tour the plant to observe work practices and working conditions? Yes No

   If yes, how often?

10. Do you check to make sure that the employees are actually taking the proper precautions, including the correct use of appropriate protective equipment? Yes No

    If no, who (position) does? _____

11. At the plant where you are employed, is there ample opportunity for all employees who seek your services to do so during their work shift? Yes No

12. Do you treat all employees who report to you with medical problems, including those which are non-occupationally-related? Yes No

    If no, how is it decided what health needs qualify for treatment by the company physician?

13. Please indicate to whom you regularly report significant occupationally-related medical findings and the numerical order in which you report them:

__ Patient(s)
__ Employees' private physicians
__ Dept. of Labor
__ Employees----------)
__ Union)__ Assuming confidentiality
__ Management) of workers' names
__ Other companies-----)

14. Are workers given all results of their own medical surveillance tests? Yes No

15. Has there been a routine reporting of collective results of medical surveillance tests to the union in the plant? Yes No

To the workers in the plant? Yes No

16. In the past year what is the average number of hours per week that you spent doing the following:

Activity	Hours per week
Pre-employment exams	
Periodic exams (non-executive)	
Executive physical exams	
Back-to-work exams following absence for health reasons	
On-the-job accidents	
Treating illnesses	
Educational sessions for workers	
Personal counseling	
Administrative	
Research	
Business and Travel	
Industrial hygiene	
Other	
Total hours per week employed	

17. Is there a joint (labor and management) health and safety committee in your plant? Yes No

If yes, do you participate in meetings of this joint health and safety committee? Yes No

18. If you are employed part-time, who is in charge when you are not present? _____

19. Is a nurse employed by the medical department in your plant? Yes No

If yes, what are the nurse's responsibilities?

20. Does your plant medical program have (check answers):

__ Tuberculosis skin testing?
__ Pre-employment chest x-rays?
__ An industrial hygienist? __ Full time __ Part time
__ A consultant dermatologist?
__ A consultant psychiatrist?
__ Biochemical laboratory screening for executive physical exams?
__ Biochemical laboratory screening for non-executive physical exams?

21. Do you think that the size of your budget limits the effectiveness of the medical program for workers in your plant? Yes No

22. Has there ever been an occupational health hazard in the plant at which you are employed? Yes No

If yes, please list the hazards, being as specific as possible. For each hazard, list any adverse effects observed in the workers, the date the effects were first observed, the medical surveillance procedures now employed and the frequency of their application. For example:

HAZARD	ADVERSE HEALTH EFFECTS OBSERVED	DATE	MEDICAL SURVEILLANCE
Noise	Hearing loss	1964	Annual audiometry
Beta-naphthyl-amine	Bladder cancer	1957	Annual cystoscopy; urine cytology - every 6 months

--(use additional pages if necessary)

23. List the dates of any investigations or studies that have been undertaken by you or your company on the hazards you have reported in question #22. (If a study was done, list the dates under the appropriate heading).

Hazard	Animal study-dates	Human study-dates

24. If there have been any company-sponsored, animal studies on the hazards listed in question #22 which have been published in the scientific literature, please give a complete reference (author, title, journal and date):

25. If there have been any case reports or epidemiological studies on health hazards and the workers in your plant which have been published in the scientific literature, please give a complete reference (author, title, journal and date). Please include all studies on workers in your plant even if no adverse health effects were found:

26. When were workers at your plant first notified of the hazards and adverse health effects you listed in question #22?

HAZARD	DATE OF FIRST NOTIFICATION

27. In response to the adverse health effects noted in question #22, have you ever recommended any changes to minimize worker exposure to a particular hazard? Yes No

If yes, was management responsive to your suggestions? Yes No

28. Are you aware of any incidents involving the suppression of occupational health data? Yes No

29. Have you ever testified at a workman's compensation case hearing involving a worker employed at any company where you were a physician? Yes No

30. Do you, as a physician, see any conflict in having to represent the company in a workman's compensation case? Yes No

31. Are you in any way, other than salary, economically affiliated with the company that employs you? Yes No

Does the company offer you stock options? Yes No

Do you own stock in the company by which you are employed? Yes No

32. Have you read the series "Annals of Industry--Casualties of the Workplace," by Paul Brodeur, which appeared in the New Yorker Magazine beginning on October 29, 1973? Yes No

If yes, how many of the serial articles did you read?_____

What was your impression of this series?

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PLEASE RETURN ALL QUESTIONNAIRES BY AUGUST 10, 1974 TO THE

HEALTH RESEARCH GROUP

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