

Special Support Service for Former Sawmill Workers Exposed to PCP Annual Medical Examination and Health Check

Please read the *Special Support Service for Former Sawmill Workers Exposed to PCP: Annual health check guidance for doctors* information sheet before completing this form.

Purpose of Medical Assessment

The annual health check assesses the health needs of former sawmill workers exposed to pentachlorophenol (PCP) during the 1950s to 1980s, and facilitates access to services to support wellness. The content of each check depends on the patient's medical history, current health needs, and the clinical decisions made by the primary health care team. The free health check generally involves:

- talking about PCP and dioxin exposure, its health effects and the patient's exposure
- talking about the patient's health and providing advice on staying healthy
- discussing any mental health concerns the patient may have
- considering whether the patient has any symptoms associated with PCP or dioxin exposure and completing a physical examination if necessary; and referring the patient to Green Prescription programmes, nutrition services, smoking cessation, mental health or genetic counselling.

The Institute of Medicine advises that the following conditions may be caused by exposure to dioxin:

- Hodgkin's disease
- non-Hodgkin's lymphoma
- soft tissue sarcoma
- chronic lymphocytic leukaemia
- Chloracne.

There is limited or suggestive evidence that exposure to dioxins may help to cause respiratory cancers (lung, larynx and trachea), prostate cancer, multiple myeloma, acute and

sub-acute transient peripheral neuropathy, porphyria cutanea tarda, Type II diabetes, and spina bifida in offspring.

If you have any notes or additional information you feel would be of value, please attach a copy of the relevant notes and information to the examination.

Getting more information

You can get more information about PCP exposure, its health effects, and the Sawmill Workers Service from the Ministry of Health. The Ministry of Health has developed a range of information for eligible patients and other interested individuals. This information is included on the Ministry of Health's website. General information about the Sawmill Workers Service and about PCP exposure and health effects has also been provided to eligible individuals as part of their eligibility pack.

Ministry of Health contact details are:

Special Support Service for Former Sawmill Workers

Ministry of Health

PO Box 5013

Wellington 6145

Email: emailmoh@moh.govt.nz

Telephone: 0800 288 588

Website: www.moh.govt.nz/dioxins

Specific technical questions can be directed to 0800 288 588, and will be forwarded to the appropriate expert for response. We expect to return a response to you within five working days.

Contact telephone and email

We will use these details if we need to contact you to discuss your application.

Home

Work

Mobile

Fax

Email

Language(s) spoken

Iwi (if identified)

Occupation

Next of Kin/Whānau Information

We will use these details to provide support to your family members, if needed.

Name

Relationship to client

Contact details

Name	Relationship to client	Contact details

Part 2: Privacy Statement PLEASE READ CAREFULLY

The privacy of information relating to you is governed by the Privacy Act 1993 and the Health Information Privacy Code 1994. The information the Ministry of Health collects and holds about you will be used:

- to communicate with you about the Special Support Service for Former Sawmill Workers Exposed to PCP;
- for administrative purposes, such as considering your eligibility for the Special Support Service for Former Sawmill Workers Exposed to PCP, and sending you and your GP, family doctor or medical centre information about entitlements to access services within the Service; and
- for monitoring and evaluating the Special Support Service for Former Sawmill Workers Exposed to PCP.

The information about you will be collected directly from this application form and from information provided by your nominated GP, family doctor or medical centre from which you receive your annual health check. This will include information on the services you access and are referred to. It will not include information about your health status.

We will need to disclose information about your eligibility status to your nominated GP, family doctor or medical centre. We may also need to disclose information about you to evaluators who will be reviewing how well the Special Support Service for Former Sawmill Workers Exposed to PCP is being implemented. The Ministry of Health endeavours to ensure that the personal information collected, stored or used is accurate, complete, and up to date. Prompt notification of any changes to your personal contact details will help us do this. We will also endeavour to protect your personal information from misuse or loss and from unauthorised access, modification or disclosure in accordance with the Privacy Act and the Health Information Privacy Code.

Under the Privacy Act and the Health Information Privacy Code you are entitled to have access to, and request correction of, any personal information held by us. If you have any queries about privacy of information or wish to access any personal information held by us, please contact us:

Special Support Service for Former Sawmill Workers
Ministry of Health, PO Box 5013, Wellington 6145, New Zealand
Telephone 0800 288 588.

If you withdraw from the Special Support Service for Former Sawmill Workers exposed to PCP, the Ministry of Health will retain some information on your participation in the Service including background details on who you are (such as age, gender and ethnicity) and what services you accessed. This information will be used for monitoring and evaluation purposes only.

Declaration

I confirm that I have read and understand the Privacy Act statement set out above

Signature

Date

Day

Month

Year

Person acting with delegated authority

If the claimant is unable to sign due to physical or mental incapacity and you are signing on their behalf, please attach a certified copy of your authority to act.

I confirm that I am authorised to act on behalf of the client and that I have read and understood the Privacy Statement set out above.

Signature

Date

Day

Month

Year

Medical History and General Health

Specific Conditions

- Hodgkin's disease
- Non-Hodgkin's lymphoma
- Soft tissue sarcoma
- Chronic lymphocytic leukaemia
- Chloracne

General Conditions

- Skin/Soft tissue
- Respiratory
- Neurological
- Atypical pain
- Prostatic symptoms
- Pregnancy(or future child bearing plans)
- Malaise, night sweats, weight loss, fevers

Psychological Problems

Is the client currently receiving treatment for stress, emotional, alcohol or family problems related to their workplace exposure?

Yes No

Has the worker ever had treatment for stress, emotional, alcohol or family problems related to their workplace exposure?

Yes No

Does the worker require a specialist assessment for any stress, emotional, alcohol or family problems related to their workplace exposure?

Yes No

Comment

Long-term Classifications eg, smoking, alcohol, diabetes

Allergies

Medications

Current Measurements	Most Recent Result	Result Date
Height		
Weight		
Blood pressure		
Blood glucose		
Diabetic annual review (DAR)		
Urinalysis		
Spirometry FEV1		
Peak expiratory flow		
CVRSK		
Cervical smear		
Mammogram		
CXR		
Other screening		

Where available, please attach the most recent blood results

Date	Result

Social Information

Note any relevant information where identified (eg, substance abuse, recently widowed etc):

Current Service Providers

Note the names of any identified service providers (eg, OT – Joe Bloggs):

Name	Service provided

Further Investigations and General Comment

Please add any requirements for additional investigations or general comments

Further investigations of	I recommend this investigation is undertaken by

General Comments

Any further comments about the effect of the workers disabilities on his or her quality of life.

GP Checklist

Have you:

- completed all parts of the General practitioner's section
- signed and dated the form
- attached copies of all relevant medical reports relating to a disability/condition

Doctor's Signature

Date

<input type="text"/>							
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Day

Month

Year