



ASBESTOS EXPOSURE REGISTRATION

The Asbestos Register is operated by the Ministry of Business, Innovation and Employment's Health and Safety Group.

If you have any questions about the form or the register, please contact:

The Registrar,
New Zealand Asbestos Registers
Health and Safety Group
PO Box 3705
Wellington 6140

Email: HealthSafety.Notification@dol.govt.nz

Fax: 09 984 4115

Phone: 0800 20 90 20

All the information you provide will be kept confidential.

→ PERSONAL DETAILS

1 Surname _____

Given names _____

2 Home address _____

3 Telephone numbers

Home _____

Work _____

4 Were you born in New Zealand?

Yes go to question 5

No If no, in what year did you arrive in New Zealand?

5 What is your date of birth?

DAY

MONTH

YEAR

6 Sex

Male

Female

7 What is your ethnic origin?

European

Maori

Pacific Island

Asian

Other

→ EMPLOYMENT HISTORY

8 How old were you when you began full time employment?

9 Are you:

Employed go to question 10

Unemployed go to question 12

Retired go to question 12

On a sickness benefit go to question 12

10 What work do you do now? _____

11 What is the name and address of your current employer?

How long have you been in this job?

In this job, have you ever worked with asbestos?

yes

no

If yes please describe how:



12 Please describe your past jobs:

Past job and past employer (Start from when you left school)	What was your age then?	When were you in this role	Did you work with asbestos in this job? (Yes/No)	If you worked with asbestos in this job, please describe how you came to be exposed

Continue on a separate sheet if necessary



13 Have you ever worked with asbestos?

- yes
 no go to question 14

If yes, in which of these occupations?

- Asbestos mining (e.g. Cobb River).
 Loading or unloading asbestos at a wharf, on the railway or while truck driving (e.g. Auckland or Christchurch Wharves).
 Asbestos processing (e.g. at Hardie's, Fletcher's or other industries).
 Commercial plumbing (e.g. insulating or lagging boilers).
 Manufacturing or maintaining electrical equipment.
 Manufacturing or maintaining brakes or clutches.
 Manufacturing or maintaining railway vehicles (e.g. wagons, locomotives, carriages or worked at NZR workshops).
 Spraying insulation.
 Building or repairing ships.
 The repeated cutting of asbestos board.
 Construction or demolition.
 Asbestos removal.

Other exposures, please describe: (e.g. washing an exposed person's overalls).

14 Have you ever lived with a person exposed to asbestos?

- yes
 no go to question 15

If yes, was the person:

- A wife, husband or partner
 A parent

Other, please describe:

→ PERSONAL HEALTH DETAILS

15 Where do you go for health care?

- Family doctor
 Medical centre
 Clinic
 Other, please specify:

16 What is the name and address of your family doctor, medical centre or clinic?

17 What is the state of your health now?

- Good
 Moderate
 Poor

18 Have you ever smoked?

- I have never smoked. go to question 21
 I used to smoke. go to question 19
 I smoke now. go to question 20

19 At what age did you begin smoking?

On average, how many cigarettes did you smoke each day?

How old were you when you stopped smoking?

go to question 21

20 At what age did you begin smoking?

On average, how many cigarettes did you smoke each day?



→ CHEST SYMPTOMS

21 Have you had wheezing or whistling in your chest in the last twelve months?

yes go to question 22

no go to question 24

22 Have you been breathless when the wheezing was present?

yes

no

23 If yes to question 21, have you had this wheezing or whistling when you did not have a cold?

yes

no

24 Do you have a persistent cough?

yes go to question 25

no go to question 26

25 If yes to question 24, do you tend to cough up phlegm on most days?

yes

no

26 Do you have shortness of breath?

yes go to question 27

no go to question 28

27 If yes to question 26, which of these describes your shortness of breath? (Tick more than one if you need to.)

I get short of breath walking on the flat.

I get short of breath walking up a slight incline.

I get more shortness of breath than other people my age.

28 Have you been woken up by an attack of shortness of breath any time in the last twelve months?

yes

no

29 Are you currently taking any medicines for asthma? (e.g. inhalers, aerosols or pills).

yes

no

30 If you would like to make any comments please use this space:

I allow this personal data to be recorded and kept on file/ computer at MBIE subject to strict confidentiality.

Signature _____

Date _____

Thank you for completing this form.

Please return this form in the postpaid envelope provided to:

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