



**Hot/Cold Exposure Medical Surveillance Survey**

Parts A and B of this form to be completed by the supervisor of any worker identified with potential exposure to hot or cold working environments.

Part C of this form is to be completed by the worker

- Completed surveys are to be kept on file by the department
- If the employee indicates “Yes” to any of the medical conditions listed in Part C, the supervisor is required to contact Occupational Health Services <https://ehs.utoronto.ca/aboutus/contact-us/>

**Part A: PERSONNEL INFORMATION**

Last Name:	First Name: _
Personnel Number:	Telephone:
Department:	Job Title:
Supervisor name:	

**Part B: CONDITIONS PERTAINING TO HEAT OR COLD STRESS**

*Check all that apply:*

<input type="checkbox"/>	Indoor/Outdoor Humidex > 30 degrees Celsius (C)
<input type="checkbox"/>	Continuous work; >30 minutes in hot indoor areas (e.g. steam plant, mechanical rooms)
<input type="checkbox"/>	Continuous work; >30 minutes in temperatures <-15C or wind chill < -25C
<input type="checkbox"/>	

**Part C: WORKER HEALTH CONDITIONS**

*(Circle or mark an ‘X’ at YES or NO only. Do not specify health condition)*

Some conditions can seriously affect your ability to safely work in hot or cold environments. Do you have or do you experience any of the following, or other conditions that may affect working in hot or cold environments?

<b>Hot Environment –</b>	<b>Yes</b>	<b>No</b>	<b>Cold Environment –</b>	<b>Yes</b>	<b>No</b>
Shortness of breath			Shortness of breath		
Breathing difficulties			Breathing difficulties		
Chronic Bronchitis			Chronic Bronchitis		
Emphysema			Emphysema		
Lung Disease			Lung Disease		
Severe Allergies			Heart Problems		
Heart Problems			Chest pain on exertion		
Chest pain on exertion			Hypertension		



**Hot Environment – Yes No**

Cardiovascular disease  
Diabetes  
Fainting spells  
Seizures  
Asthma  
Pacemaker  
Skin conditions  
Peripheral Vascular Disease  
Anhidrosis

**Cold Environment – Yes No**

Diabetes  
Fainting spells  
Seizures  
Panic attacks  
Asthma  
Pacemaker  
Chronic Obstructive Pulmonary Disease (COPD)  
Cystic Fibrosis  
Cold Agglutinins Disease  
Raynaud's Disease  
Any Rheumatic Disease (Systemic lupus erythematosus, SLE, rheumatoid arthritis, RA, spondyloarthritis, SA)

Other condition(s) affecting ability to work in hot or cold environments not indicated above (circle 'Yes').

Signature of Employee: _____	Date: _____
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