

# ASBESTOS EXPOSURE REGISTRATION

The Asbestos Register is operated by WorkSafe New Zealand.  
If you have any questions about the form or the register, please contact:

The Registrar, New Zealand Asbestos Registers  
WorkSafe New Zealand  
PO Box 165  
Wellington 6140

Email: [NodsRegistrar@worksafe.govt.nz](mailto:NodsRegistrar@worksafe.govt.nz)

Phone: 0800 030 040

All the information you provide will be kept confidential.

## Personal details

Full name:
Address:
Home phone:
Work phone:
Mobile phone:
Email:
Were you born in New Zealand? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, in what year did you arrive in New Zealand?
Date of birth: DD / MM / YEAR
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
What is your ethnic origin?
<input type="checkbox"/> European <input type="checkbox"/> Māori
<input type="checkbox"/> Pacific Island <input type="checkbox"/> Asian
<input type="checkbox"/> Other: (specify)
Where were you exposed to asbestos?
<input type="checkbox"/> Home* <input type="checkbox"/> Work
<input type="checkbox"/> Other: (specify)

## Employment history

How old were you when you began full time employment?
Are you:
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
<input type="checkbox"/> Retired <input type="checkbox"/> On a sickness benefit
What work do you do now?
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 or been exposed to asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe how:

\* A supplementary form will be sent to you for home exposure.



Have you ever worked with asbestos?  Yes  No

If yes, in which of these occupations:

- Asbestos mining (eg Cobb River)
- Loading or unloading asbestos at a wharf on the railway or while driving a truck (eg Auckland or Christchurch wharves)
- Asbestos processing (eg Hardies', Fletcher's or other industries)
- Commercial plumbing (eg insulating or lagging boilers)
- Manufacturing or maintaining electrical equipment
- Asbestos removal
- Manufacturing or maintaining brakes or clutches
- Manufacturing or maintaining railway vehicles (eg wagons, locomotives, carriages or worked at NZR workshops)
- Spraying insulation
- Building or repairing ships
- The repeated cutting of asbestos board
- Other exposures: (eg washing an exposed person's overalls)

Have you ever lived with a person exposed?  Yes  No

If yes, was the person:

- A wife, husband or partner
- A parent
- Other: (specify)

### Health details

Where do you go for health care?

- Family doctor
- Medical centre
- Clinic
- Other: (specify)

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

What is your state of health now?

Good  Moderate  Poor

Have you ever smoked?

I have never smoked  I used to smoke  I smoke now

At what age did you begin smoking?

If you no longer smoke how old were you when you stopped smoking?

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

### Chest symptoms

Have you had wheezing or whistling in your chest in the last twelve months?  Yes  No

Have you been breathless when the wheezing was present?  Yes  No

If yes, have you had this wheezing or whistling when you did not have a cold?  Yes  No

Do you have a persistent cough?  Yes  No

If yes, do you tend to cough up phlegm on most days?  Yes  No

Do you have shortness of breath?  Yes  No

If yes, 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

Have you been woken up by an attack of shortness of breath any time in the last twelve months?  Yes  No

Are you currently taking any medicines for asthma? (eg inhalers, aerosols or pills)  Yes  No

If you would like to make any comments please use the space on the following page.

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

Signature:

Date: DD / MM / YEAR

Thank you for completing this form.

Please return this form in the postpaid envelope provided to:

The Registrar  
New Zealand Asbestos Registers WorkSafe New Zealand  
PO Box 165  
Wellington 6140

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Comments: