

**DOE Beryllium Registry Variables Second Iteration  
Current Beryllium Workers**

Demographics:	Unique ID Sex DOB
Job history: (multiple entries)	Site code Job title Building Room Department/cost code center (if defined) Beryllium work start date(s) Beryllium work stop date(s) Beryllium exposure-related task(s)/job Production Maintenance D&D Quality assurance Administration Other (specify) _____ Personal protective equipment required? ..... Y / N Duration of exposure? ..... Hours / Quarter
Personal monitoring data: (multiple entries)	Individual personal monitoring data Quarterly arithmetic mean of 8-hr TWAs
Referral:	Contractor, self, other _____
Medical screening: (multiple entries)	Participates ..... Y / N Results with date LPT positive ..... Y / N Flow cytometry positive ..... Y / N Lavage positive ..... Y / N Granuloma ..... Y / N Biopsy positive ..... Y / N Alveolitis ..... Y / N Symptoms ..... Y / N Cough Coughing up blood Shortness of breath Clubbing Wheezing Chest pain Other (specify) _____
Referral for follow-up:	Y / N                      Date _____
CBD diagnosis	Y / N Maybe      Date _____
Other beryllium-related diagnoses:	Beryllium induced dermatitis ..... Y / N Maybe Cancer ..... Y / N Maybe