

PERIODIC MEDICAL QUESTIONNAIRE
ASBESTOS EXAM
CONFIDENTIAL

1. NAME _____
2. SOCIAL SECURITY # _____
3. HOME ADDRESS _____
4. PRESENT OCCUPATION _____
5. DEPARTMENT _____
6. ADDRESS _____

(Zip Code)

7. TELEPHONE NUMBER _____
8. INTERVIEWER _____
9. DATE _____
10. What is your marital status? ___ a. single ___ b. married
___ c. widowed ___ d. separated/divorced

11. **OCCUPATIONAL HISTORY**

- 11A. In the past year, did you work full time (30 hours or more per week) for 6 months or more? ___ a. yes ___ b. no
- 11B. In the past year, did you work in a dusty job? ___ a. yes ___ b. no
___ c. does not apply
- 11C. Was dust exposure: ___ a. mild ___ b. moderate ___ c. severe
- 11D. In the past year, were you exposed to gas or chemical fumes in your work? ___ a. yes ___ b. no
- 11E. Was exposure: ___ a. mild ___ b. moderate ___ c. severe
- 11F. In the past year, what was your: Job/occupation? _____
Position/job title? _____

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12. RECENT MEDICAL HISTORY

12A. Do you consider yourself to be in good health? a. yes b. no

If no, state reason _____

12B. In the past year, have you developed:

	Yes	No
Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
Bladder disease?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice?	<input type="checkbox"/>	<input type="checkbox"/>
Cancer?	<input type="checkbox"/>	<input type="checkbox"/>

13. CHEST COLDS AND CHEST ILLNESSES

13A. If you get a cold, does it usually go to your chest?
(Usually means more than 1/2 the time). a. yes b. no
 c. don't get colds

13B. During the past year, have you had any chest illnesses that have kept you off work, indoors, or in bed? a. yes b. no
 c. does not apply

13C. Did you produce phlegm with any of these chest illnesses? a. yes b. no
 c. does not apply

13D. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more? number of illnesses _____
 no such illnesses _____

14. RESPIRATORY SYSTEM

14A. In the past year have you had:

	<u>yes or no</u>	<u>If yes, please comment</u>
Asthma	_____	
Bronchitis	_____	
Hay Fever	_____	

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	<u>yes or no</u>	<u>If yes, please comment</u>
Other Allergies	_____	
Pneumonia	_____	
Tuberculosis	_____	
Chest Surgery	_____	
Other Lung Problems	_____	
Heart Disease	_____	

14B. Do you have:

	<u>yes or no</u>	<u>If yes, please comment</u>
Frequent colds	_____	
Chronic cough	_____	
Shortness of breath when walking or climbing one flight of stairs	_____	

14C. Do you:

	<u>yes or no</u>	<u>If yes, please comment</u>
Wheeze	_____	
Cough up phlegm	_____	
Smoke cigarettes	_____	Packs per day ____ How many years? ____

Date _____

Signature _____