Occupational and Environmental History and Work Exposures

Name _____ Date of Birth _____

Address _____

Telephone Numbers: Home _____ Work _____

Other Telephone Contact (Relative, Neighbor, etc.) _____

1. **Current Work** (Carpenter, Housewife, Policeman, etc.) _____

Name and Address of Company or Employer _____

Description of Your Work Environment: When Did You Begin Work Here? _____

Describe What You Do at Work _____

Any Contact with Pesticides, Dusts, Fumes, Vapors, Gases, Chemicals, Radiation, Pressure, Noise, Vibration, Extremes of Hot and Cold? _____

Protective Equipment You Use (Gloves, Masks, etc.) _____

Have You Missed Work Because of Illness or Injury? _____

Do You Have Clean Running Water at Work to Drink? _____ For Washing? _____

2.

Previous Work	Years (From-To)	Description of Work	Exposures
First Regular Job			
Next Regular Job			
Next Regular Job			
Next Regular Job			
Next Regular Job			
Other Jobs			

3. **Family and Neighborhood Exposures**

Does Anyone in Your Family Work in a Trade Where You May Have Been Exposed to Hazardous Materials (such as asbestos, lead, beryllium, pesticides, vinyl chloride, etc.)? Yes ___ No ___ If Yes, What Materials? _____

Have You Ever Lived Near a Chemical Plant, Shipyard, Mine or Other Facility that Might Be Hazardous?

Yes ___ No ___ If Yes, Where? _____

Do You Have Any Hobbies Involving Adverse Exposures? Yes ___ No ___ Years (From-To) _____

What Exposures? _____

4. **Cigarettes:** Have You Ever Smoked? Yes ___ No ___ If Yes, Age Started _____ Average Number per Day ___

Current Smoking, Number per Day ___ If Stopped, When? _____

Ever Smoke Cigar or Pipe? ___ Ever Use Chewing Tobacco? ___

5. **Have Any of Your Coworkers Been Ill or Injured on the Job?** _____

6. **Alcohol Consumption:** Do You Use Hard Liquor, Wine or Beer? ___ How Much? Daily _____ Weekends _____

7. **Caffeine Intake:** Do You Consume Coffee, Tea, Coke or Other Foods Containing Caffeine? Yes ___ No ___

8. **Any Known Allergies?** _____ Any Seasonal Complaints? _____

9. **General Medical Problems:** TB ___ Skin ___ Lungs ___ Blood ___ Diet ___

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