



YES	NOT SURE	NO	<u>MUSCULO/SKELETAL</u>	YES	NOT SURE	NO	<u>MISCELLANEOUS</u>
___	___	___	46. Fractures or Broken Bones	___	___	___	77. Kidney Disease
___	___	___	47. Back Trouble, Pain, or Injury	___	___	___	78. Bladder Trouble
___	___	___	48. Scoliosis	___	___	___	79. Blood in Urine
___	___	___	49. Neck Trouble, Pain, or Injury	___	___	___	80. Prostatitis
___	___	___	50. Numbness of Extremities	___	___	___	81. Irregular Vaginal Bleeding
___	___	___	51. Arthritis or Rheumatism	___	___	___	82. Menstrual Problem That Kept You From Work
___	___	___	52. Joint Pain or Swelling	___	___	___	83. Referred for Psychological Help
___	___	___	53. Shoulder Dislocation, Pain, or Injury	___	___	___	84. Mental Hospitalization
___	___	___	54. Elbow Trouble, Pain, or Injury	___	___	___	85. Drug or Alcohol Treatment
___	___	___	55. Wrist Trouble, Pain, or Injury	___	___	___	86. Diabetes
___	___	___	56. Hand Trouble, Pain, or Injury	___	___	___	87. Thyroid Trouble
___	___	___	57. Hip Trouble, Pain, or Injury	___	___	___	88. Anemia
___	___	___	58. Knee Trouble, Pain, or Injury	___	___	___	89. Enlarged Glands
___	___	___	59. Shin Pain	___	___	___	90. Skin Problems, Cancer, or Rashes
___	___	___	60. Leg Trouble, Pain, or Injury	___	___	___	91. Sun or Heat Intolerance
___	___	___	61. Ankle or Foot Pain or Injury	___	___	___	92. Cyst or Tumor
___	___	___	62. Carpal Tunnel Syndrome	___	___	___	93. Cancer or Leukemia
___	___	___	<u>CENTRAL NERVOUS SYSTEM</u>	___	___	___	94. Chronic Fatigue
___	___	___	63. Epilepsy	___	___	___	95. Night Sweats
___	___	___	64. Convulsion or Seizure	___	___	___	96. Undesired Weight Loss
___	___	___	65. Fainting Spell	___	___	___	97. Claustrophobia
___	___	___	66. Loss of Consciousness	___	___	___	98. Multiple Chemical Sensitivity
___	___	___	67. Recurrent Dizziness	___	___	___	99. Wool Allergy
___	___	___	68. Head Injury	___	___	___	100. Sleep Apnea
___	___	___	69. Migraine Headache	___	___	___	101. Snoring
___	___	___	70. Frequent Headaches	___	___	___	102. Trouble Sleeping
___	___	___	71. Stroke	___	___	___	103. Low Blood Sugar
___	___	___	72. Transient Ischemic Attack	___	___	___	104. Blood Clot in Lungs or Legs
___	___	___	73. Tremors	___	___	___	105. Other Condition That May Affect Job Performance
___	___	___	74. Traumatic Brain Injury				
___	___	___	75. Chronic Neurological Disease				
___	___	___	76. Attention Deficit Disorder				

YES	NOT SURE	NO	
___	___	___	106. Do you have any physical activity limitations?
___	___	___	107. Do you need any special accommodations in performing any job tasks?
___	___	___	108. Have you ever worked for the County of Los Angeles before? If "yes", at what position, and in which department? _____
___	___	___	109. Have you been refused employment (including L.A. County positions) because of any physical, psychological, or medically related reason during the past 10 years?
___	___	___	110. Have you been rejected for or discharged from a military position because of physical, psychological, or medically related reasons in the past 10 years?
___	___	___	111. Have you failed a pre-placement medical or psych exam in the past 10 years?
___	___	___	112. Have you been terminated or resigned from employment, or had to change job positions due to a physical, psychological, or medically related reason?
___	___	___	113. Have you had a positive drug or alcohol test in the past 10 years?
___	___	___	114. Have you been absent from work due to job stress anytime in the past 10 years?

YES NOT SURE NO

- \_\_\_ 115. Do you occasionally use or are you currently taking any prescription or over the counter medications? List name, dosage, frequency of use, and the reason the medication is used on Page 4.
- \_\_\_ 116. Do you currently have a cold or cough or have you had any in the last two weeks?
- \_\_\_ 117. Have you ever had a positive skin test for tuberculosis?
- \_\_\_ 118. Are you pregnant? If yes, what is your due date? \_\_\_\_\_
- \_\_\_ 119. Have you seen a health care professional for neck pain or injury in the past 10 years?
- \_\_\_ 120. Have you been off work because of neck problems in the past 10 years?
- \_\_\_ 121. Have you seen a health care professional for back pain or injury in the past 10 years?
- \_\_\_ 122. Have you been off work because of back problems in the past 10 years?
- \_\_\_ 123. Have you had a recent change in the size or color of a mole, or a sore that would not heal?
- \_\_\_ 124. Have you missed more than five days from work due to medical reasons in the past year?
- \_\_\_ 125. Has your driver's license been suspended or revoked due to medical reasons in the last 10 years?
- \_\_\_ 126. Have you been exposed to loud noise today? If "yes", were you wearing ear protection? \_\_\_\_\_
- \_\_\_ 127. Do you have a commercial driver's license for driving trucks or buses?
- \_\_\_ 128. Are you a current cigarette smoker?
  - A. How many packs of cigarettes do you smoke a day? \_\_\_\_\_
  - B. How long have you been smoking? \_\_\_\_\_
- \_\_\_ 129. Are you an ex-smoker?
  - A. How many years did you smoke? \_\_\_\_\_
  - B. How many packs a day? \_\_\_\_\_
  - C. When did you quit? \_\_\_\_\_
- \_\_\_ 130. Have you used chewing tobacco or smoked cigars or a pipe in the last 10 years?
- \_\_\_ 131. Has someone been concerned about your drinking or suggested that you cut down in the past 10 years?
- \_\_\_ 132. Have you been convicted of driving under the influence (DUI) in the last 10 years?
- \_\_\_ 133. Have you felt bad about your drinking at any time in the last 10 years?
- \_\_\_ 134. Have you had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener) in the last 10 years?

135. I am \_\_\_ left \_\_\_ right handed.

136. Per week, I usually drink \_\_\_ beers, \_\_\_ glasses or shots of hard liquor, and \_\_\_ glasses of wine.

137. Describe any hobbies, recreation, or work activities that have exposed you to noise, chemicals, or dusty conditions: \_\_\_\_\_

138. Please describe your typical exercise or physical activity including any physical activity at work:

ACTIVITY:	HOW MANY HOURS DO YOU SPEND DOING THIS PER WEEK?	HOW LONG HAVE YOU BEEN DOING THIS ACTIVITY?	
#1 _____	_____	___ Months	___ Years
#2 _____	_____	___ Months	___ Years
#3 _____	_____	___ Months	___ Years

139. Please describe your current job and all previous jobs held in the last 5 years (including military):

JOB TITLE:	PRIMARY DUTIES:	EMPLOYER:	APPROX DATES OF EMPLOYMENT:
_____	_____	_____	TO _____
_____	_____	_____	TO _____
_____	_____	_____	TO _____
_____	_____	_____	TO _____
_____	_____	_____	TO _____



