

CONFIDENTIAL

CRANE OPERATOR  
MEDICAL HISTORY QUESTIONNAIRE

COUNTY OF LOS ANGELES

At the time of your medical appointment, you must present this questionnaire, completed to the medical/nursing service. It is not to be given or shown to anyone else, in order to protect its confidentiality.

Form with fields for NAME (LAST, FIRST, MIDDLE), EMPLOYEE NUMBER, BIRTHDAY, AGE, ADDRESS, CITY, STATE, ZIP CODE, PRESENT POSITION, HOME/CELL PHONE, WORK PHONE.

Have you have had any of the following conditions in the last 5 years?

Two columns of medical conditions (1-33) with response options YES, NOT SURE, NO.

Do you currently have or have you recently had any of the following?

Two columns of medical conditions (34-50) with response options YES, NOT SURE, NO.

