

**CONFIDENTIAL**

# ASBESTOS ANNUAL MEDICAL HISTORY QUESTIONNAIRE

## OCCUPATIONAL HEALTH PROGRAMS COUNTY OF LOS ANGELES

Please complete and present this questionnaire to the medical/nursing service at the time of your appointment. In order to protect your confidentiality, do not give or shown this form to anyone else.

<b>NAME (LAST, FIRST, MIDDLE):</b>	<b>EMPLOYEE NUMBER:</b>	<b>DATE OF HIRE</b>	<b>AGE:</b>
<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE, ZIP CODE</b>	
<b>PRESENT POSITION AND DEPARTMENT:</b>	<b>HOME TELEPHONE NO. (     )</b>	<b>WORK TELEPHONE NO. (     )</b>	
<b>SUPERVISOR'S NAME:</b>		<b>SUPERVISOR'S PHONE NO. (     )</b>	

**Check "Yes" for any of the following conditions which you now have or have had in the past. Explain all "Yes" and "Not Sure" answers on Page 2.**

<b>YES</b>	<b>NOT SURE</b>	<b>NO</b>		<b>YES</b>	<b>NOT SURE</b>	<b>NO</b>	
___	___	___	1. Hay Fever	___	___	___	11. Other Lung Problems
___	___	___	2. Frequent Colds	___	___	___	12. Kidney Disease
___	___	___	3. Allergies	___	___	___	13. Bladder Disease
___	___	___	4. Asthma	___	___	___	14. Currently Pregnant
___	___	___	5. Tuberculosis	___	___	___	15. Jaundice
___	___	___	6. Chronic/Frequent Cough	___	___	___	16. Heart Disease
___	___	___	7. Cough up Phlegm	___	___	___	17. Rheumatic Fever
___	___	___	8. Chest Surgery	___	___	___	18. Epilepsy
___	___	___	9. Wheezing	___	___	___	19. Diabetes
___	___	___	10. Pneumonia	___	___	___	20. Cancer/Leukemia

**Answer all of the following questions. Explain all "Yes" and "Not Sure" answers on page 2.**

<b>YES</b>	<b>NOT SURE</b>	<b>NO</b>	
___	___	___	21. In the past year, did you work full-time (30 hours per week or more) for 6 months or more?
___	___	___	22. Did your work involve dust exposure? If yes, was your exposure ___Mild, ___Moderate, or ___Severe?
___	___	___	23. During the past year, did you do repair or maintenance work where asbestos containing materials were likely to be disturbed? If yes, how many days during the past year did you do this work? _____
___	___	___	24. During the past year, did you do removal of asbestos containing materials? If yes, how many days during the past year did you do this work? _____
___	___	___	25. In the past year, were you exposed to gas or chemical fumes at work? If yes, was your exposure ___Mild, ___Moderate, or ___Severe?
___	___	___	26. Have you been exposed to gas or chemical fumes in the last 24 hours?

