

§1529 Appendix D - Medical Questionnaires - Mandatory

Part 2

PERIODIC MEDICAL QUESTIONNAIRE:

- 1. NAME:
2. SOCIAL SECURITY NUMBER:
3. CLOCK NUMBER:
4. PRESENT OCCUPATION:
5. PLANT:
6. ADDRESS:
7. CITY: STATE: ZIP CODE:
8. TELEPHONE NUMBER: ( ) - EXT.
9. INTERVIEWER:
10. DATE: / /

11. What is your marital status? 1. Single 2. Married 3. Widowed 4. Separated/Divorced

12. OCCUPATIONAL HISTORY

- 12A. In the past year, did you work full time (30 hours per week or more) for 6 months or more?
12B. In the past year, did you work in a dusty job?
12C. Was dust exposure:
12D. In the past year, were you exposed to gas or chemical fumes in your work?
12E. Was exposure:
12F. In the past year, what was your:
1. Job/Occupation?
2. Position/Job Title?

13. RECENT MEDICAL HISTORY

- 13A. Do you consider yourself to be in good health?
13B. In the past year, have you developed:
Epilepsy?
Rheumatic Fever?
Kidney Disease?
Bladder Disease?
Diabetes?
Jaundice?
Cancer?

14. CHEST COLDS AND CHEST ILLNESSES

- 14A. If you get a cold, does it usually go to your chest?
14B. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?
14C. Did you produce phlegm with any of these chest illnesses?
14D. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

16. RESPIRATORY SYSTEM

- In the past year have you had:
Asthma
Bronchitis
Hay Fever
Other Allergies
Pneumonia
Tuberculosis
Chest Surgery
Other Lung Problems
Heart Disease
Do You Have:
Frequent Colds
Chronic Cough
Shortness Of Breath When Walking Or Climbing One Flight Of Stairs
Do you:
Wheeze
Cough Up Phlegm
Smoke Cigarettes

Further Comment on Positive Answers
Packs Per Day How Many Years

Signature Date: / /