

Specify job/industry _____ Total Years Worked ___

Was dust exposure: 1. Mild ___ 2. Moderate ___ 3. Severe ___

- C. Have you even been exposed to gas or chemical fumes in your work? 1. Yes ___ 2. No ___

Specify job/industry _____ Total Years Worked ___

Was exposure: 1. Mild ___ 2. Moderate ___ 3. Severe ___

- D. What has been your usual occupation or job--the one you have worked at the longest?

1. Job occupation _____

2. Number of years employed in this occupation _____

3. Position/job title _____

4. Business, field or industry _____

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

YES NO

E. In a mine?.....

F. In a quarry?.....

G. In a foundry?.....

H. In a pottery?.....

I. In a cotton, flax or hemp mill?.....

J. With asbestos?.....

18. PAST MEDICAL HISTORY

YES NO

A. Do you consider yourself to be in good health?

If "NO" state reason _____

B. Have you any defect of vision?.....

If "YES" state nature of defect _____

C. Have you any hearing defect?.....

If "YES" state nature of defect _____