

## 1,3 -Butadiene (BD) Initial Health Questionnaire

DIRECTIONS:

You have been asked to answer the questions on this form because you work with BD (butadiene). These questions are about your work, medical history, and health concerns. Please do your best to answer all of the questions. If you need help, please tell the doctor or health care professional who reviews this form.

This form is a confidential medical record. Only information directly related to your health and safety on the job may be given to your employer. Personal health information will not be given to anyone without your consent.

Date: \_\_\_\_\_

 Name: \_\_\_\_\_ SSN \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
           Last                      First                      MI

Job Title: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone No.:( ) \_\_\_\_\_-\_\_\_\_\_

## Work History

1. Please list all jobs you have had in the past, starting with the job you have now and moving back in time to your first job. (For more space, write on the back of this page.)

Main Job Duty	Years	Company Name City, State	Chemicals
1			
2			
3			
4			
5			
6			
7			
8			