

3. Have you ever been in the hospital for any other reasons? **yes no**

If yes, please describe the reason: \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any on-going or current medical problems or conditions? **yes no**

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

5. Do you now have or have you ever had any of the following? Please check all that apply to you.

unexplained fever	___	bruising easily	___	still birth	___
anemia ("low blood")	___	lupus	___	eye redness	___
HIV/AIDS	___	weight loss	___	lumps you can feel	___
weakness	___	kidney problems	___	child with birth defect	___
sickle cell	___	enlarged lymph nodes	___	autoimmune disease	___
miscarriage	___	liver disease	___	overly tired	___
skin rash	___	cancer	___	lung problems	___
bloody stools	___	infertility	___	rheumatoid arthritis	___
leukemia/lymphoma	___	drinking problems	___	mononucleosis ("mono")	___
neck mass/swelling	___	thyroid problems	___	nagging cough	___
wheezing	___	night sweats	___		
yellowing of skin	___	chest pain	___		

Please circle your answer.

6. Do you have any symptoms or health problems that you think may be related to your work with BD? **yes no**

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

7. Have any of your co-workers had similar symptoms or problems?  
**yes no don't know**

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

8. Do you notice any irritation of your eyes, nose, throat, lungs, or skin when working with BD? **yes no**

9. Do you notice any blurred vision, coughing, drowsiness, nausea or headache when working with BD? **yes no**

10. Do you take any medications (including birth control or over-the-counter)? **yes no**

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_