

6. Have you been exposed to BD when you were not wearing protective equipment or clothing?  
yes no

7. Are you exposed to any NEW chemicals at home or while working on hobbies?  
yes no

If yes, please list what they are: \_\_\_\_\_  
\_\_\_\_\_

8. Since your last BD health evaluation, have you started working any new second or side jobs?  
yes no

If yes, what are your duties there? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Health History

1. What is your current weight? \_\_\_\_\_ pounds

2. Have you been diagnosed with any new medical conditions or illness since your last evaluation?  
yes no

If yes, please tell what they are: \_\_\_\_\_  
\_\_\_\_\_

3. Since your last evaluation, have you been in the hospital for any illnesses, injuries, or surgery?  
yes no

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

4. Do you have any of the following? Please place a check for 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 rash          | _____ | infertility          | _____ | rheumatoid arthritis    | _____ |
| leukemia/lymphoma    | _____ | drinking problems    | _____ | mononucleosis "mono"    | _____ |
| neck mass/swelling   | _____ | thyroid problems     | _____ | nagging cough           | _____ |
| wheezing             | _____ | night sweats         | _____ | yellowing of skin       | _____ |