

PERIODIC MEDICAL QUESTIONNAIRE

1. NAME _____
2. CLOCK NUMBER _____
3. PRESENT OCCUPATION _____
4. PLANT _____
5. ADDRESS _____
6. _____
(Zip Code)
7. TELEPHONE NUMBER _____
8. INTERVIEWER _____
9. DATE _____
10. What is your marital status? 1. Single _____ 4. Separated/
2. Married _____ Divorced _____
3. Widowed _____
11. OCCUPATIONAL HISTORY
- 11A. In the past year, did you work full time (30 hours per week or more) for 6 months or more? 1. Yes _____ 2. No _____
- IF YES TO 11A:
- 11B. In the past year, did you work in a dusty job? 1. Yes _____ 2. No _____
3. Does not Apply _____
- 11C. Was dust exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____
- 11D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes _____ 2. No _____
- 11E. Was exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____