

3. Is there any change in your breathing since last year?

Yes__ No__

Better? _____

Worse? _____

No change? _____

If change, do you know why? _____

4. Is your general health different this year from last year?

Yes__ No__

If different, in what way? _____

5. Have you in the past year or are you now taking any medication on a regular basis?

Yes__ No__

Name Rx _____

Condition being treated _____

C. Occupational History

1. How long have you worked for your present employer?

2. What jobs have you held with this employer? Include job title and length of time in each job _____

3. In each of these jobs, how many hours a day were you exposed to chemicals?

4. What chemicals have you worked with most of the time?

5. Have you ever noticed any type of skin rash you feel was related to your work?

Yes__ No__