

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

## *DIRECTIONS:*

You have been asked to answer the questions on this form because you work with BD (butadiene). These questions ask about changes in your work, medical history, and health concerns since the last time you were evaluated. 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: \_\_\_\_\_

Last

First

MI

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

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

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