D. What has been your usual occupation or job—the one you have worked at the longest?

1. Job occupation ____________________________________________

2. Number of years employed in this occupation ____________________

3. Position/job title ____________________________________________

4. Business, field or industry ____________________________________

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

E. In a mine? ......................... YES NO

F. In a quarry? ......................... YES NO

G. In a foundry? ......................... YES NO

H. In a pottery? ......................... YES NO

I. In a cotton, flax or hemp mill?.... YES NO

J. With asbestos? ......................... YES NO

17. PAST MEDICAL HISTORY

A. Do you consider yourself to be in good health?

   YES NO

   If "NO" state reason _________________________________________

B. Have you any defect of vision?

   YES NO

   If "YES" state nature of defect __________________________________

C. Have you any hearing defect?

   YES NO

   If "YES" state nature of defect __________________________________