CONFIDENTIAL

HAZMAT MEDICAL QUESTIONNAIRE

COUNTY OF LOS ANGELES

At the time of your appointment, you must present this questionnaire, completed, to the medical/nursing service. It is not to be given or shown to anyone else, in order to protect its confidentiality.

NAME (LAST,FIRST, MIDDLE):	EMPLOYEE NUMBER	BIRTHDAY	AGE
ADDRESS:	CITY:	STATE, ZIP CODE	
PRESENT POSITION:	HOME/CELL PHONE ( )	WORK PHONE ( )	

An answer is required for each question. Explain all "Yes" and "Not Sure" answers on Page 3.

Have you had any of the following conditions in the last 5 years?

YES	NOT SURE	NO		YES	NOT SURE	NO	
____	____	____	1. Asthma	____	____	____	6. Heart Disease
____	____	____	2. Kidney Disease	____	____	____	7. High Blood Pressure
____	____	____	3. Blood in Urine	____	____	____	8. Cancer
____	____	____	4. Hepatitis	____	____	____	9. Leukemia
____	____	____	5. Liver Disease	____	____	____	10. Elevated Liver Enzymes

Do you currently have or have you recently had any of the following?

YES	NOT SURE	NO		YES	NOT SURE	NO	
____	____	____	11. Shortness of Breath	____	____	____	17. Black or Bloody Bowel Movement
____	____	____	12. Chronic/Frequent Cough				
____	____	____	13. Brown or Blood-Tinged Sputum	____	____	____	18. Irregular Heartbeat
				____	____	____	19. Chest Pain
____	____	____	14. Chest Tightness	____	____	____	20. Claustrophobia
____	____	____	15. Wheezing	____	____	____	21. Anemia
____	____	____	16. Pregnancy	____	____	____	22. Swollen Glands
				____	____	____	23. Undesired Weight Loss

YES NOT SURE NO

____ ____ ____ 24. Have you inhaled smoke or had a chemical exposure in the last 24 hours?

____ ____ ____ 25. Have you had a change in the size or color of a mole in the past year?

____ ____ ____ 26. Are you a current cigarette smoker?
A. How many packs of cigarettes do you smoke a day? _____
B. How long have you been smoking? _____

____ ____ ____ 27. Are you an ex-smoker?
A. How many years did you smoke? _____
B. How many packs a day? _____
C. When did you quit? _____

____ ____ ____ 28. Have you used chewing tobacco or smoked cigars/pipe in the last 15 years?

____ ____ ____ 29. Do you have any physical activity limitations?

____ ____ ____ 30. Do you have any difficulties performing HAZMAT duties?

____ ____ ____ 31. Do you have any difficulties using a respirator?

32. I drink ____ beers; _____ ounces of hard liquor; _____ ounces of wine per week.

33. Describe any hobbies or recreational activities that expose you to chemicals, or dusty conditions:

_____

34. Please describe HAZMAT incidences that you responded to in the last year:

DESCRIPTION	SIGNIFICANT EXPOSURES	PROTECTIVE EQUIPMENT	DATE

35. Please describe your typical exercise or physical activity including any physical activity at work:

ACTIVITY:	HOW MANY HOURS DO YOU SPEND DOING THIS PER WEEK?	HOW LONG HAVE YOU BEEN DOING THIS ACTIVITY?	
#1 _____	_____	_____Months	_____Years
#2 _____	_____	_____Months	_____Years
#3 _____	_____	_____Months	_____Years

When you have answered "Yes" or "Not Sure", please provide details including dates of occurrence in the space below. Identify each explanation by the corresponding number.

QUESTION NUMBER	

I declare that my answers to the questions contained in this questionnaire are true to the best of my knowledge and belief. I am aware that any willful inaccuracy may result in disciplinary action.

TYPED OR PRINTED NAME :	COMPLETE SIGNATURE:	DATE: