CONFIDENTIAL

ASBESTOS ANNUAL MEDICAL HISTORY QUESTIONNAIRE

OCCUPATIONAL HEALTH PROGRAMS
COUNTY OF LOS ANGELES

Please complete and present this questionnaire to the medical/nursing service at the time of your appointment. In order to protect your confidentiality, do not give or shown this form to anyone else.

NAME (LAST,FIRST, MIDDLE):	EMPLOYEE NUMBER:	DATE OF HIRE	AGE:
ADDRESS:	CITY:	STATE, ZIP CODE	
PRESENT POSITION AND DEPARTMENT:	HOME TELEPHONE NO. ( )	WORK TELEPHONE NO. ( )	
SUPERVISOR'S NAME:		SUPERVISOR'S PHONE NO. ( )	

Check "Yes" for any of the following conditions which you now have or have had in the past. Explain all "Yes" and "Not Sure" answers on Page 2.

YES	NOT SURE	NO		YES	NOT SURE	NO	
___	___	___	1. Hay Fever	___	___	___	11. Other Lung Problems
___	___	___	2. Frequent Colds	___	___	___	12. Kidney Disease
___	___	___	3. Allergies	___	___	___	13. Bladder Disease
___	___	___	4. Asthma	___	___	___	14. Currently Pregnant
___	___	___	5. Tuberculosis	___	___	___	15. Jaundice
___	___	___	6. Chronic/Frequent Cough	___	___	___	16. Heart Disease
___	___	___	7. Cough up Phlegm	___	___	___	17. Rheumatic Fever
___	___	___	8. Chest Surgery	___	___	___	18. Epilepsy
				___	___	___	19. Diabetes
___	___	___	9. Wheezing	___	___	___	20. Cancer/Leukemia
___	___	___	10. Pneumonia				

Answer all of the following questions. Explain all "Yes" and "Not Sure" answers on page 2.

YES	NOT SURE	NO	
____	____	____	21. In the past year, did you work full-time (30 hours per week or more) for 6 months or more?
____	____	____	22. Did your work involve dust exposure? If yes, was your exposure ___Mild, ___Moderate, or ___Severe?
____	____	____	23. During the past year, did you do repair or maintenance work where asbestos containing materials were likely to be disturbed? If yes, how many days during the past year did you do this work? _____
____	____	____	24. During the past year, did you do removal of asbestos containing materials? If yes, how many days during the past year did you do this work? _____
____	____	____	25. In the past year, were you exposed to gas or chemical fumes at work? If yes, was your exposure ___Mild, ___Moderate, or ___Severe?
____	____	____	26. Have you been exposed to gas or chemical fumes in the last 24 hours?

YES	NOT SURE	NO		
____	____	____	27.	If you get a cold, does it "usually" (more than half of the time) go to your chest?
____	____	____	28.	During the past year, did you have any chest illnesses that kept you off work, indoors at home, or in bed? If yes, did you produce phlegm with of any these chest illnesses? Yes ___ No ___. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more? Number ____
____	____	____	29.	Do you currently have a cold/cough or have you had any in the last two weeks?
____	____	____	30.	Are you a current cigarette smoker? A. How many packs of cigarettes do you smoke a day? _____ B. How long have you been smoking? _____
____	____	____	31.	Are you an ex-smoker? A. How many years did you smoke? _____ B. How many packs a day? _____ C. When did you quit? _____
____	____	____	32.	Do you get shortness of breath when walking or climbing one flight of stairs?
____	____	____	33.	Do you have any difficulties using a respirator when performing asbestos work?
____	____	____	34.	Do you consider yourself to be in good health?
____	____	____	35.	Are you planning on leaving County employment within the next 11 months?

SUPPLEMENTAL INFORMATION

If you answered “Yes” or “Not Sure” to any question on this form, write the details in the space below. Identify each explanation by the corresponding number. Explain in detail your medical condition including the date of occurrence.

QUESTION NUMBER	
	(ANY ADDITIONAL INFORMATION, PLEASE USE A SEPARATE SHEET)

I hereby authorize the performance of a complete medical examination and x-rays.

TYPED OR PRINTED NAME:	COMPLETE SIGNATURE:	DATE: