

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	_____	_____	_____	18. Irregular Heartbeat
_____	_____	_____	13. Brown or Blood-Tinged Sputum	_____	_____	_____	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.

[illegible]

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:
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