

QUADRANT INTEGRATED SOLUTIONS FOR BUSINESS HEALTH ISSUES

ASBESTOS MEDICAL HISTORY QUESTIONNAIRE, PERIODIC

1.	NAME							
2.	SOCIAL SECURITY #							
3.	CLOCK NUMBER							
4.	PRESENT OCCUPATION							
5.	PLANT							
6.	ADDRESS							
7.	-				(Zi	p Code)		
8.	TELEPHONE NUMBER							
9.	INTERVIEWER							
10.	DATE							
11.	What is your marital	status?	2. Ma	ingle arried ldowed				
12.	OCCUPATIONAL HISTORY							
	In the past year, did full time (30 hours peor more) for 6 months	r week	1. Y	/es	2.	No		
	IF YES TO 12A:							
	In the past year, did in a dusty job?			res pes not Apply				
12C.	Was dust exposure:	1. Mild _	2	2. Moderate _		3. Severe		
	In the past year, were exposed to gas or chem fumes in your work?	_		/es	2.	No		
12E.	Was exposure:	1. Mild _	2	2. Moderate _		3. Severe	_	
	In the past year, what was your:	1. Job/occ 2. Positio		on?				



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13.	RECENT MEDICAL HISTORY				
13A	. Do you consider yourself to be in good health?	Yes	No		
	If NO, state reason				
13B	. In the past year, have you developed:	Epilepsy? Rheumatic fev Kidney diseas Bladder disea Diabetes? Jaundice? Cancer?	se?		
14.	CHEST COLDS AND CHEST ILLNES	SSES			
14A	. If you get a cold, does it " (usually means more than 1/2		your chest? 1. Yes 2. No 3. Don't get colds		
15A	. During the past year, have y any chest illnesses that have off work, indoors at home, or	e kept you	1. Yes 2. No 3. Does Not Apply		
	IF YES TO 15A:				
15B	. Did you produce phlegm with of these chest illnesses?	any	1. Yes 2. No 3. Does Not Apply		
15C	. In the past year, how many sillnesses with (increased) phi did you have which lasted a wor more?	Number of illnesses No such illnesses			
16.	RESPIRATORY SYSTEM				
	In the past year have you had	l:			
	Yes or No	Further	Comment on Positive Answers		
	Bronchitis				
	Hay Fever				
	Other Allergies				



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	Yes or No	Further	Comment on Answers	Positive
Pneumonia				
Tuberculosis				
Chest Surgery				
Other Lung Problems				
Heart Disease				
Do you have:				
	Yes or No	Further	Comment on Answers	Positive
Frequent colds				
Chronic cough				
Shortness of breath when walking or climbing one flight or stairs				
Do you:				
Wheeze				
Cough up phlegm				
Smoke cigarettes		Packs per day	How r	many years
٩	Signatu	re		