REPORT TITLE :

Pre-Placement Occupational Medical History Questionnaire

Name (Last, First, Middle):	Last 4 of Social Security Number:

Explain all YES answers from Page 1. List NUMBER of each question, then explain the condition (Diagnosis, Treatment, if Resolved, and if you Still Have the condition). Example: 27. Broken bone, right arm, age 12, no surgery, resolved, no current problem.

Have you ever <u>Worked</u> in the following Places:

	Yes	No
Chemical plant		
Construction site		
Cotton, flax, or hemp plant		
Electronic plant		
Farm		
Fiber plant		
Foundry or mine		
Outdoor areas		
Paper/lumber plant		
Refinery or shipyard		
Dusty job site		
Other job sites with hazardous exposures		

Have you ever <u>Used</u> or <u>Been Exposed</u> To:

	Yes	No
Arsenic		
Benzene		
Cadmium		
Extreme temperatures		
Dust		
Lead		
Mercury		
Pesticides		
Phosgene		
PVC (polyvinylchloride)		
Silica		
Spray painting		
Welding/soldering		

	Yes	No
Asbestos		
Beryllium		
Carbon tetrachloride		
Chromates		
Flourides		
Loud noise		
Lasers		
Phenols		
Plastics		
Radioactive material		
Solvents/degreasers		
Trichloroethylene		
Other hazardous chemicals		

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Pre-Placement Occupational Medical History Questionnaire

Name (Last, First, Middle):	Last 4 of Social Security Number:

If YES, please explain:

	Yes	No
57. Do you have any concerns about your health as it relates to the job?		
58. Do you now receive, or have you ever received, compensation from a government agency for a service-related disability?		
59. Have you ever received Workers' Compensation for an injury or illness?		
60. Do you have a claim pending concerning Workers' Compensation?		
61. Have you ever lost time from work because of a job injury or illness?		
62. Do you have a permanent impairment or any activity restrictions?		
63. Have you ever had to leave a job due to a medical problem or due to a permanent limitation or restriction?		
64. Are you unable to perform any particular motion or activity?		
65. Do you require a job modification to accommodate an impairment?		
66. Is there any function or part of the job that you cannot perform?		
67. Do you currently have any health problem which poses a potential risk to co-workers or which might interfere with the performance of the job?		
68. Do you currently have any pain?		
69. Are you currently receiving medical treatment for any condition?		
70. Do you use any prostheses or medical devices?		

Such as artificial limbs, colostomy devices, braces, etc.

71. Have you had any surgeries or operations?		

List date and type of procedure.

72. Have you ever been admitted to a hospital?		

List date and reason for admission

73. Are you currently taking any medications?		

List any medication used on a regular basis, including prescription and non-prescription drugs (such as vitamins, cold remedies, aspirin or other over-the-counter medications).