ASBESTOS EXPOSURE PART II - PERIODIC MEDICAL QUESTIONNAIRE															
	IDE	NTIFICATION													
1. NAME (Last, First, Middle Initial) 2. SOCIAL S					SECURITY NO. (1 - 9)	3. CLC	. CLOCK NO. (10 - 15)			4. PRESENT OCCUPATION		
S NAME OF BLANT					ADDRESS OF PLA			ANT				7	DIANT CITY STA	ATE AND ZIP CODE	
5. NAME OF PLANT 6. STREET A						ESS (JF FLA	AMI				/	rlani CIII, SIA	ATE AND ZIF CODE	
8. TELEPHONE NO. 9. NAME OF INTERVIEWER						10). DA	TE OF INTER	RVIEW	11.	MARITAL STA	TUS (X one)		
(Include area code)							(16	- 21) (YYYYMMDD)			a. SINGLE		b. MARRIED		
											c. WIDOWED		d. DIVORCED/SEF	PARATED	
•						ME	DICA	L DATA				-	•		
12. OCCUPATIONAL HISTORY							N/A	17. REMA	RKS (*U	se th	is section to furt	her coi	nment on positive a	nswers)	
a. IN THE PAST YEAR, DID YOU WORK FULL TIME (30 hours per week or more) FOR SIX MONTHS OR MORE?															
b. DID YOU WORK AT ANY DUSTY JOB DURING THE PAST YEAR? *If Yes, complete c.															
c. WAS EXPOSURE (X one)	МІ	LD	MOD	ERATE	SEVE	RE		1							
d. IN THE PAST YEAR, WERE YOU EXPOSED TO GAS OR CHEMICAL FUMES IN YOUR WORK? *If Yes, complete e.															
e. WAS EXPOSURE (X one) MILD MODERATE						RE		1							
f. IN THE PAST YEAR, WHAT WAS YOUR							•								
(1) Job/Occupation]							
]												
(2) Position/Job Title															
13. MEDICAL HISTORY						No	N/A]							
a. DO YOU CONSIDER YOURSELF TO BE IN GOOD HEALTH? *If No, state reason.															
b. IN THE PAST YEAR, HAVE YOU DEVELOPED															
(1) Epilepsy (Or fits, seizures or convulsions)															
(2) Rheumatic Fever]							
(3) Kidney Disease															
(4) Bladder Disease															
(5) Diabetes															
(6) Jaundice															
(7) Cancer								Į.							
14. IF YOU GET A COLD, DOES IT USUALLY GO TO YOUR CHEST? (Usually means more than 1/2 of the time)*Don't get colds															
15. CHEST ILLNESSES															
a. DURING THE PAST YEAR, HAVE YOU HAD ANY CHEST ILLNESSES THAT HAVE KEPT YOU OFF WORK, INDOORS AT HOME, OR IN BED?															
b. IF YES, DID YOU PRODUCE PHLEGM WITH ANY OF THESE ILLNESSES?															
c. IN THE LAST YEAR, HOW M DID YOU HAVE WHICH LAS					PHLEG	ЭM	•								
16. RESPIRATORY SYSTEM	1]							
a. IN THE PAST YEAR, HAVE	* Vac	Nie	b. DO YO	DU HAVE		Yes	No]							
YOU HAD	Yes	No	(1) Frequ	requent Colds]							
(1) Asthma				nic Cough]							
(2) Bronchitis	\perp			tness of breath n walking or clim	nbina										
(3) Hay Fever			one	flight of stairs	ر. ا										
(4) Other Allergies	+		c. DO YO												
(5) Pneumonia			(1) Whee			_		10.5							
(6) Tuberculosis	_			h up phlegm				18. SIGNA	TURE					19. DATE SIGNED (YYYYMMDD)	
(7) Chest Surgery	-			e cigarettes (If y	es:)									(TITIMIMIDD)	
(8) Other Lung Problems	+			per day er of vears				-							