Allergies: Latex: _____ Yes _____ No
Medication Allergies: _____
Other Allergies:_____

Last Tetanus booster: _____
Current Medications: _____
_____
Current Physician: _____

Medical Illnesses - check all that apply:

___ High Blood Pressure ___ Heart Disease
___ Lung Disease ___ Kidney Disease
___ Diabetes ___ Anemia
___ Seizures ___ Cancer
___ Stomach or Bowel Disorders: _____
___ Fractures & Joint Injuries: _____
___ Other: _____
Surgeries: _____

Social History - Check all that apply :

___ Tobacco use ___ Cigarettes: ___ packs/day ___ years
___ Cigars: ___ per day ___ years
___ Pipe: ___ years
___ Chew/Snuff: ___ years

___ Alcohol use ___ Drinks per week

Place an X in the box if you have any of the conditions below now or in the past:(Caregivers: please comment on positive responses):

Vision (Vision)

__ 1. Do you use glasses?:
__ For reading
__ For distant vision
__ Contacts
__ 2. Are you color blind?

3. Do you have:
__ Retinal disease
__ Cataracts
__ Glaucoma
__ 4. Do you use eye medicine?
__ 5. Have you had eye surgery?
__ 6. Have you had laser exposure?

Heart/Vascular

Do you have:
__16. Chest pain on effort
__17. High blood pressure
__18. Shortness of breath
__19. Swelling of ankles
__20. Heart murmur

Have you had:
__21. Heart attack
__22. Stroke
__23. Rheumatic fever
__24. Heart failure
__25. Heart surgery

Hearing
Do you have
__ 7. Difficulty hearing
__ 8. Ear disease
__ 9. Ringing in the ears
__10. Abnormal hearing test
__11. Do you use a hearing aid?
__12. Have you had ear surgery?
__13. Ruptured ear drum?
__14. Exposure to gunfire?
__15. Wear hearing protection?

Liver or Gastrointestinal
Do you have or have you had:

__37. Hepatitis
__38. Cirrhosis
__39. Jaundice
__40. Frequent indigestion
__41. Ulcer disease
__42. Colitis
__43. Other intestinal problems
__44. Do you have a hernia?
__45. Have you had hernia surgery?

Genitourinary:
Do you or have you had:

__46. Kidney trouble
__47. Bladder trouble
__48. Kidney stones

Skin:

__49. Do you have eczema?
__50. Do you have psoriasis?
__51. Any other skin conditions

Neurologic

__52. Tremors
__53. Dizzy spells
__54. Convulsions
__56. Nerve damage
__57. Serious head injury
__58. Brain surgery
__59. Nervous breakdown

Are you taking medication for:

__60. Anxiety or depression
__61. Epilepsy
__62. Parkinson's disease

Respiratory
Do you have:
__26. Chronic cough
__27. Asthma
__28. Bronchitis
__29. Hay fever
__30. Emphysema
Have you had:
__31. Tuberculosis
__32. Lung cancer
__33. Lung surgery
__34. Silicosis
__35. Asbestos
__36. Black lung

Blood, Endocrine
Have you had:

__63. Anemia
__64. Bleeding problems
__65. Hormone problems
__66. Diabetes
__67. Thyroid problem

Musculoskeletal:
Do you or have you had:

__68. Back trouble
__69. Disc problems/surgery
__70. Shoulder problems/surgery
__71. Arm problems/surgery
__72. Wrist problems/surgery
__73. Hand problems/surgery
__74. Hip problems/surgery
__75. Leg problems/surgery
__76. Knee problems/surgery
__77. Ankle problems/surgery
__78. Foot problems/surgery
__79. Broken bones
__80. Numbness, tingling, and/or pain in hands or arms

Communicable Diseases:
Have you had:

__81. Chicken pox
__82. Measles
__83. German Measles
__84. Mumps
__85. Hepatitis A
__86. Hepatitis B
__87. Hepatitis C

Please list all prior jobs:

Company Name:	Dates Employed:	Job Description:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle any of the following processes and/or jobs done in the past:

Processes:
- abrasive blasting
- acid/alkali treatment
- degreasing
- electroplating
- foundry
- forging
- painting
- welding
- grinding or metal machining

Industries:
- flour,feed or grain
- cotton processing
- rubber
- insulation
- quarry work
- construction
- farming
- petroleum
- shipyards

Circle any of the following substances to which you have had regular exposure in the workplace:

Fumes or dusts:
- silica
- coal
- asbestos
- talc
- fiberglass
- cotton dust
- sawdust
- other: _____

Solvents:
- benzene
- carbon
- tetrachloride
- trichloroethylene
- naptha
- xylene
- other : _____

Chemicals or gases :
- ammonia
- formaldehyde
- hydrogen sulfide
- cyanide
- sulfur dioxide
- chromium
- mercury
- lead
- cadmium
- nickel
- other: _____

Miscellaneous:
- radiation
- insecticides/herbicides
- cutting oils
- motor exhaust
- noise

Have you ever needed medical care for exposure to any of the above?
___ Yes ___ No

Type of problem: Skin: _____ Lungs: _____

Other: _____

Work related injuries and illnesses:

Year:	Injury and treatment:	Time off work:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes	No	Explain if yes
___	___	Have you ever applied for worker's compensation or disability payments for any injury or illness which developed on the job? Explain: _____
___	___	Are you currently being treated by a doctor for a work related injury or illness? Explain: _____

_____ _____

Employee Signature Date

_____ _____

Reviewed By Date

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