Exposure History Form

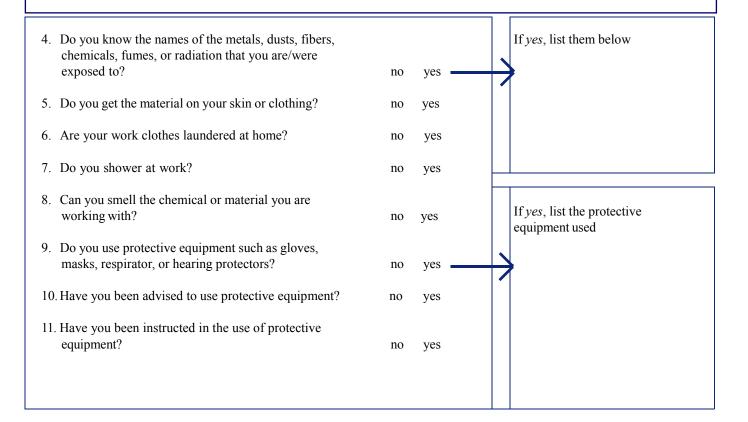
Date:

Part 1. Exposure Survey Name:

Please select the appropriate answer. Birth date: Sex (select one):" Male Female

1.	Are you currently exposed to any of the following?		
	metals	no	yes
	dust or fibers	no	yes
	chemicals	no	yes
	fumes	no	yes
	radiation	no	yes
	biologic agents	no	yes
	loud noise, vibration, extreme heat or cold	no	yes
2.	Have you been exposed to any of the above in the past?	no	yes
3.	Do any household members have contact with metals, dust, fibers, chemicals, fumes, radiation, or biologic agents?	no	yes

If you answered *yes* to any of the items above, describe your exposure in detail—how you were exposed, to what you were exposed, how much, how often, and how long you were exposed?



12. Do you wash your hands with solvents?	no	yes				
13. Do you smoke at the workplace? at home?	no no	yes yes				
14. Are you exposed to secondhand tobacco smoke at the workplace? at home?	no no	yes yes				
15. Do you eat at the workplace?	no	yes				
16. Do you know of any co-workers experiencing similar or unusual symptoms?	no	yes				
17. Are family members experiencing similar or unusual symptoms?	no	yes				
18. Has there been a change in the health or behavior of family pets?	no	yes				
19. Do your symptoms seem to be aggravated by a specific activity?	no	yes				
 20. Do your symptoms get either worse or better at work? at home? on weekends? on vacation? 21. Has anything about your job changed in recent months (such as duties, procedures) 	no no no no	yes yes yes yes ne)? no yes				
22. Do you use any (such as herbs or natural supplements) alternative medicines?	no no	,				
23. Have you or your child ever eaten non-food items such as paint, plaster, dirt and lqt clay? """ no yes						

If you answered yes to any of these questions, please explain.

Taking an Exposure History

	rt 2. Work History Occupational Profile						
	The following questions refer	r to you	ir current or most recent	job:	Describe this job:		
	Type of industry:						
	Name of employer:						
	Date job began:						
	, ,	ioh?	ves no				
	If <i>no</i> , date job ended?	,00:	yes no				
	in the table below listing all j	ing questions refer to your current or most recent job: Describe this job: Describe					
	Dates of Employment	Job Titl	e and Description of Wo	rk	Exposures*		Protective Equipment
				nts (i.e.,	molds or viruses) and ph	ysical a	gents (i.e., extreme heat,
					vith any of the following	by brea	thing, touching,
0	Acids	0	Chloroprene	0	Methylene chloride	0	Styrene
0	Alcohols (industrial)	0	Chromates	_	Nickel	0	Talc
0	Alkalies	0	Coal dust	0	PBBs	0	Toluene
0	Ammonia	0	Dichlorobenzene	0	PCBs	0	TDI or MDI
0	Arsenic	0	Ethylene dibromide	0	Perchloroethylene	0	Trichloroethylene
0	Asbestos	0	•	0	Pesticides	0	Trinitrotoluene
0	Benzene	0	•	0	Phenol	0	Vinyl chloride
0	Beryllium	0		0	Phosgene		Welding fumes
0	Cadmium	0	•	0	Radiation	_	X-rays
0	Carbon tetrachloride	0		Ō	Rock dust	Ō	Other (specify)
0	Chlorinated naphthalenes	0	Lead	Ō	Silica powder	•	\ 1
0	Chloroform	0	Mercury	•	Solvents		

B. Occupational Exposure Inventory

Please select the appropriate answer.

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1. Have you ever been off work for more than 1 day because of an illness related to work?	no	yes
2. Have you ever been advised to change jobs or work assignments because of any health		
problems or injuries?	no	yes
3. Has your work routine changed recently?	no	yes
4. Is there poor ventilation in your workplace?	no	yes
"Part 3. Environmental History Please select the appropriate answer.		
1. Do you live next to or near an industrial plant, commercial business, dump site, or nonresidential property?	no	yes
2. Which of the following do you have in your home? **Please select those that apply.** Air conditioner Air purifier Central heating (Gas Oil) Gas stove Electric stove Fireplace Wood stove Humidifier		
3. Have you recently acquired new furniture or carpet, refinished furniture, or remodeled your home?	no	yes
4. Have you weatherized your home recently?	no	yes
5. Are pesticides or herbicides (bug or weed killers; flea and tick sprays, collars, powders, or shampoos) used in your home or garden, or on pets?	no	yes
6. Do you (or any household member) have a hobby or craft?	no	yes
7. Do you work on your car?	no	yes
8. Have you ever changed your residence because of a health problem?	no	yes
9. Does your drinking water come from a private well?	no	yes
	no	yes
	no	yes
	no ''''''	"" '{ gu
10. Approximately what year was your home built?		
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If you answered yes to any of these questons, please explain.