

## OCCUPATIONAL HISTORY AND HAZARDOUS EXPOSURES QUESTIONNAIRE

*PRIVACY ACT "The authority to collecting this information is Section 19 of the Occupational Safety and Health Act and the Code of Federal Regulations (29 CFR 1950). This information will be used by the Occupational Health Physician, and/or such clinical staff as he may designate to help identify the causes of adverse health effects and for future epidemiology studies. Providing the information is voluntary; however, failure to provide the information could unnecessarily hamper the identification of potential health problems and preclude any redress of problems identified in the future."*

### PART I - OCCUPATIONAL HISTORY

This is to characterize your previous exposures; it is not a resumé. Please complete the following work history in chronological order from your first job to the present (if you omit something, just list it later), and list all part-time and full-time jobs you have held. Be as specific as possible. If you held more than one job with the same employer, list each title and activity. Use additional sheets as needed.

Today's date	Date started work	Date stopped work	Hours per week	Job title & work activities	Potential hazards	Protective equipment used
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____

PATIENT'S IDENTIFICATION (Use this space for mechanical imprint)	PATIENT'S NAME (Last, First, Middle Initial)			GENDER
	YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPARTMENT/SERVICE
	SPONSOR'S NAME (Last, First, Middle Initial)			
	SSN or IDENTIFICATION NUMBER			ORGANIZATION

**OCCUPATIONAL HISTORY AND HAZARDOUS EXPOSURES QUESTIONNAIRE (page 2)**

**PART II - OTHER EXPOSURES (HOBBIES, ENVIRONMENT, ETC.)**

Please list other exposures and potential exposures not related to work. For example, hobbies that involve paints, glues, solvents, dusts, fumes, burning, machining, baking (such things as ceramics--do not include household cooking), or if you have lived or spent significant off-duty time in a contaminated area. Use additional sheets as needed.

Today's date	Date started	Date stopped	Hours / week	Activity or place	Potential hazards	Protective equipment used
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____
						<input type="checkbox"/> Gloves <input type="checkbox"/> Steel toe boots <input type="checkbox"/> Ear plugs <input type="checkbox"/> Respirator <input type="checkbox"/> Protective clothing <input type="checkbox"/> Other _____