

Occupational and Environmental Medicine Exposure Form

A. Current Occupational History

Are you currently employed?

Yes _____ No _____

If yes, what was your approximate date of hire? _____

Please fill out the following regarding your current job:

Name of Employer	Job Title	Job Description

Describe your typical work shifts in a week (e.g. Monday 8AM-5PM, Tuesday 12noon-8PM etc.):

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Can you smell the chemicals/materials you work with?

Yes _____ No _____

Do you ever get material from work on your clothes or skin?

Yes _____ No _____

Do your work clothes get laundered at home?

Yes _____ No _____

Do you shower regularly at work?

Yes _____ No _____

Do you use protective equipment such as gloves, masks, respirators or hearing protectors at work?

Yes _____ No _____

Have you ever been advised to use protective equipment? Yes _____ No _____

Have you been instructed in the use of protective equipment? Yes _____ No _____

Is there smoke at the workplace? Yes _____ No _____

Do you eat at the work place? Yes _____ No _____

Have you ever been off work for more than 1 day because of an illness related to work?

Yes _____ No _____

Have you ever changed jobs or work assignments because of health problems or injuries?

Yes _____ No _____

Has your work routine changed recently? Yes _____ No _____

Is there poor ventilation at your workplace? Yes _____ No _____

B. Hazardous Exposures at Work or Home (circle all that apply)

fumes	chromates	extreme heat/cold
dust	gas powered equipment	repetitive movements
chemicals	power tools	lifting
pesticides	silica	cigarette smoke
solvents	asbestos	biological hazards
animals	isocyanates	nickel
latex gloves	cutting oils	radiation
arsenic	benzene	mercury
lead	loud noise	vibration
other: _____		

Is anyone in your home exposed to any of the hazardous exposures above?

Yes _____ No _____

Are there any family members with similar symptoms as yourself?

Yes _____ No _____

C. Previous Occupational History

Please fill out the following table regarding past jobs, including temporary, seasonal, part-time and military work.

Employer	Date Started/Ended	Job Title/Description	Known Hazards

D. Environmental History

Community:

Do you live close to any of the following? Circle those that apply.

- heavy traffic
 industrial plants/dump
 commercial building

Home:

In approximately what year was your house built? _____

Circle all that apply to your home.

central heating	septic system	fireplace/woodstove
air humidifier	air conditioner	gas stove
well water	city water	purchased water
water leaks	gas space heater	other: _____

Hobbies:

Circle all that apply.

painting	wood working	electrical/remodeling
photography	ceramics/pottery	gardening
model making	auto body repair	other: _____

Personal:

Do you smoke currently? Yes _____ No _____

If yes, _____ packs/day for _____ years

Is there someone else in your household that smokes? Yes _____ No _____

If yes, _____ packs/day for _____ years

Approximately how many drinks of alcohol do you have per week? _____

Do you take any herbal or vitamin supplements? Yes _____ No _____

If yes, what do you take and how often?

Do you use recreational drugs? Yes _____ No _____