SARATOGA HOSPITAL
MEDICAL GROUP
OCCUPATIONAL MEDICINE
2388 ROUTE 9 • MECHANICVILLE • NY • 12118
TEL: (518) 886-5412 • FAX: (518) 899-8069

DOB: Age: Sex:
ADM/SVC Date: Arrival Time:
Loc:

MR#:

13. Chest Colds and Chest Illnesses:
    a) If you get a cold, does it 'usually" go to your chest? ☐ Yes ☐ No
    b). During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? ☐ Yes ☐ No
    c) In the past year how many such illnesses? _____ number of illnesses ☐ No such illnesses
    Illnesses with (increased) phlegm? _____ number of illnesses ☐ No such illnesses
    Illnesses you had which lasted a week or more? _____ number of illnesses ☐ No such illnesses
14. Respiratory System:
    In the past year have you had:
    Asthma: ☐ Yes ☐ No If Yes, Comment: _____
    Bronchitis: ☐ Yes ☐ No If Yes, Comment: _____
    Hay Fever: ☐ Yes ☐ No If Yes, Comment: _____
    Other Allergies: _____
    Pneumonia: ☐ Yes ☐ No If Yes, Comment: _____
    Tuberculosis: ☐ Yes ☐ No If Yes, Comment: _____
    Chest Surgery: ☐ Yes ☐ No If Yes, Comment: _____
    Other Lung Problems: _____
    Heart Disease: ☐ Yes ☐ No If Yes, Comment: _____
    Do you have:
    Frequent Colds: ☐ Yes ☐ No If Yes, Comment: _____
    Chronic Cough: ☐ Yes ☐ No If Yes, Comment: _____
    Shortness of breath when walking or climbing one flight or stairs?
    ☐ Yes ☐ No If Yes, Comment: _____
    Do you:
    Wheeze: ☐ Yes ☐ No If Yes, Comment: _____
    Cough up phlegm: ☐ Yes ☐ No If Yes, Comment: _____
    Smoke Cigarettes: ☐ Yes ☐ No If Yes, Comment: _____

Print Name: _____

Signature: _____ Date/Time: _____/_____

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Asbestos Periodic Questionnaire

1. Name: _____
2. Social Security #: _____
3. Clock Number: _____
4. Present Occupation: _____
5. Plant: _____
6. Address: _____ Zip: _____
7. Telephone #: _____
8. Interviewer: _____
9. Date: _____
10. What is your marital status? ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced
11. Occupational History:
    a) In the past year, did you work full time (30 hours per week or more) for 6 months or more ☐ Yes ☐ No
    b) In the past year, did you work in a dusty job? ☐ Yes ☐ No
       If Yes, was dust exposure: ☐ Mild ☐ Moderate ☐ Severe
    c) In the past year, were you exposed to gas or chemical fumes in your work? ☐ Yes ☐ No
       If Yes, was Exposure: ☐ Mild ☐ Moderate ☐ Severe
    d) In the past year what was your:
       Job occupation: _____ Position/job title? _____
12. Recent Medical History:
    a) Do you consider yourself to be in good health? ☐ Yes ☐ No
       If No, state reason: _____
    b) In the past year, have you developed:

Epilepsy:	☐ Yes	☐ No
Rheumatic fever:	☐ Yes	☐ No
Kidney disease:	☐ Yes	☐ No
Bladder disease:	☐ Yes	☐ No
Diabetes:	☐ Yes	☐ No
Jaundice:	☐ Yes	☐ No
Cancer:	☐ Yes	☐ No