

MEDICAL SURVEILLANCE QUESTIONNAIRE

PRIVACY ACT STATEMENT

"The authority for 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

Instructions: Please complete the following work history in chronological order from your first job to the present, 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	DATES		NO. HRS/WK	JOB TITLE AND WORK ACTIVITIES <i>(include employer if not Navy)</i>	POTENTIAL HAZARDS <i>(Be as specific as possible.)</i>	PROTECTIVE EQUIPMENT <i>(Respirator, ear plugs, protective clothing, etc.)</i>
	FROM	TO				

PATIENT'S IDENTIFICATION <i>(Use this space for Mechanical Imprint)</i>	PATIENT'S NAME <i>(Last, First, Middle initial)</i>			SEX
	YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
	SPONSOR'S NAME			
	SSN OR IDENTIFICATION NO.			ORGANIZATION

PART II - HOBBIES AND ACTIVE SPORTS *(which may involve hazards)*

Include active sports, secondary jobs held, etc. - include activities such as painting, auto racing, scuba diving, etc.

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	FROM	TO				

PART III - OTHER EXPOSURES AND WORK-RELATED EXPOSURES

Include information you feel may have been harmful to your health from neighborhood exposure to hazardous substances or family members working in a trade where hazardous substances could have been brought home, such as asbestos, lead, beryllium, vinyl chloride, etc..

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	FROM	TO				

PART IV - MEDICAL DEPARTMENT DETERMINATIONS

Based on review of this surveillance questionnaire, and other pertinent data, placement in the following medical surveillance program(s) is indicated.

DATE	PROGRAMS	SIGNATURE