ExpressCare
Urgent Care Clinic
Walk-in Care + Occupational Medicine

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Goodwood • 8742 Goodwood Blvd. • Baton Rouge, LA 70806 • (225) 231-7070 • Fax (225) 231-7069
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Walker • 13466 Vera McGowan Rd. • Walker, LA 70785 • (225) 380-1720 • Fax (225) 380-1719

Original Date:	
Dates Revised:	

INITIAL MEDICAL QUESTIONNAIRE FOR ASBESTOS WORKERS

1. Name *(Last, First, M.I.):*		☐ M ☐ F	2. SSN#:
3. Employee NO *(ID):*	**4. Present Occupation:**		
5. Employer/Plant:	**6. Address:**		
7. Interviewer:			8. Date:
9. DOB:	**10: Place of Birth:**		
11. Marital Status: ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed			
12. Race: ☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ American Native ☐ Other:_____			
13: What is the highest grade complete in school?			

OCCUPATIONAL HISTORY

14: A. Have you ever worked full-time (30 or more hours/week) for 6 months or more? (If yes continue)		☐ YES ☐ NO	
B. Have you ever worked for a year or more in any dusty job?		☐ Doesn't Apply ☐ YES ☐ NO	
Specify job/industry:		Total years worked:	
Was Dust Exposure: ☐ Mild ☐ Moderate ☐ Severe			
C. Have you ever been exposed to gas or chemical fumes in your work?		☐ YES ☐ NO	
Specify job/industry:		Total years worked:	
Was Dust Exposure: ☐ Mild ☐ Moderate ☐ Severe			
D. What has been your usual occupation/job...the one you have worked at the longest?			
1. Job/Occupation:			
2. Number of Years Employed in this Occupation:			
3. Position or Job Title:			
4. Business, Field or Industry:			
E. Please record on line the years in which you have in any of these following industries (e.g., 1980-1989)			
In a mine?	☐ YES _____	☐ NO _____	
In a quarry?	☐ YES _____	☐ NO _____	
In a foundry?	☐ YES _____	☐ NO _____	
In a pottery?	☐ YES _____	☐ NO _____	
In a cotton, flax or hemp mill?	☐ YES _____	☐ NO _____	
With Asbestos?	☐ YES _____	☐ NO _____	

PAST MEDICAL HISTORY		
15: A. Do you consider yourself to be in good health?	☐ Yes	☐ No
If "NO" state reason:		
B. Do you have any vision defects?	☐ Yes	☐ No
If "YES" state nature of your defect:		
C. Do you have any hearing defects?	☐ Yes	☐ No
If "YES" state nature of your defect:		
D. Are you suffering from or have ever suffered from:		
a. Epilepsy (or fits, seizures, convulsions)?	☐ Yes	☐ No
b. Rheumatic fever?	☐ Yes	☐ No
c. Kidney disease?	☐ Yes	☐ No
d. Bladder disease?	☐ Yes	☐ No
e. Diabetes?	☐ Yes	☐ No
f. Jaundice?	☐ Yes	☐ No

CHEST COLDS AND CHEST ILLESS			
16: A. If you get a cold, does it usually (more than 1/2 the time) go to your chest?	☐ Don't Get Colds	☐ Yes	☐ No
17: A. During the past 3 years, have you had any chest illness that has kept you from work, indoors at home, or in bed?			
	If yes continue	☐ Yes	☐ No
B. Did you produce phlegm with any of these chest illnesses?	☐ Doesn't Apply	☐ Yes	☐ No
C. In the last 3 years, how many chest illnesses with (increased) phlegm did you have which lasted a week or longer?			
	☐ Yes - Number of illnesses:		☐ No
18. Did you have any lung trouble before the age of 16?			
19. Have you ever had any of the following?			
1. A. Attack of bronchitis? (If "YES" please continue)		☐ Yes	☐ No
B. Was it confirmed by a doctor?		☐ Yes	☐ No
C. At what age was your first attack?		Age in Years:	
2. A. Pneumonia (including bronchopneumonia)? (If "YES" please continue)			
B. Was it confirmed by a doctor?			
C. At what age was your first attack?		Age in Years:	
3. A. Hay Fever? (If "YES" please continue)		☐ Yes	☐ No
B. Was it confirmed by a doctor?		☐ Yes	☐ No
C. At what age was your first attack?		Age in Years:	
20. Have you ever had chronic bronchitis? (If "YES" please continue)		☐ Yes	☐ No
A. Do you still have it?		☐ Yes	☐ No
B. Was it confirmed by a doctor?		☐ Yes	☐ No
C. At what age did it start?		Age in Years:	
21. Have you ever had emphysema? (If "YES" please continue)		☐ Yes	☐ No
A. Do you still have it?		☐ Yes	☐ No
B. Was it confirmed by a doctor?		☐ Yes	☐ No

C. At what age did it start?	Age in Years:	
22. Have you ever had asthma? (If "YES" please continue)	☐ Yes	☐ No
B. Do you still have it?	☐ Yes	☐ No
C. Was it confirmed by a doctor?	☐ Yes	☐ No
D. At what age did it start?	Age in Years:	
E. If you no longer have it, at what age did it stop?	Age in Years:	
23. Have you ever had:		
A. Any other chest illness?	☐ Yes	☐ No
If "YES" please specify:		
B. Any chest operations?	☐ Yes	☐ No
If "YES" please specify:		
24. Has a doctor ever told you that you had heart trouble?	☐ Yes	☐ No
If "YES" please specify:		
A. Have you ever had treatment for heart trouble in the past 10 years?	☐ Yes	☐ No
If "YES" please specify:		
25. Has a doctor ever told you that you have high blood pressure? (If "YES" please continue)	☐ Yes	☐ No
A. Have you had any treatment for high blood pressure in the past 10 years?	☐ Yes	☐ No
If "YES" please specify:		
26. When did you last have you chest x-rayed?	Year:	
27. Where did you last have your chest x-rayed?		
What was the outcome?		