

Walk-in Care + Occupational Medicine

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**Perkins** • 3235 Perkins Rd. • Baton Rouge, LA 70808 • (225) 387-3030 • Fax (225) 387-4521 **Walker** • 13466 Vera McGowan Rd. • Walker, LA 70785 • (225) 380-1720 • Fax (225) 380-1719

Original Date:	
Dates Revised:	

## **LEAD EXPOSURE QUESTIONNAIRE**

Name:	□ M □ F	SSN:			_
Age:		Date:			_
Please answer the following by checking the appropriate respons	se:				
OCCUPATIONAL HISTO	<u>DRY</u>				
1. Have you engaged in any hobbies involving exposure to lead?			YES		NO
2. Do you currently work with lead or lead containing compounds?			YES		NO
3. Have you worked with lead or lead containing materials in the past?			YES		NO
4. Have you been required in any job to wear personal protection for lead			YES		NO
5. Have you ever had your blood checked for lead?			YES		NO
MEDICAL HISTORY					
6. Do you have a history of anemia, kidney disease, liver disease or disedifficulty?	ease of the ner	vous syste	em or a le	earning	9
If 'YES" please explain:					

Please continue to next page

7. Please check any of the fo	llowing symptoms you have experienced in t	the past six months:
☐ abdominal pain	☐ abnormal taste	☐ constipation
☐ loss of appetite	☐ fatigue	numbness of extremities
☐ confusion	☐ dizziness/coordination difficulties	☐ other nervous problems
If 'YES" please explain:		