



Asbestos Periodic Medical Questionnaire

Date: _____

Patient Name: _____ DOB: _____

Gender: Male Female Marital Status: Single Married

Race: Asian Black Hispanic Indian White Other: _____

Occupational History:

In the past year, did you work full time (30 hours per week or more) for six months or more? Yes No

In the past year, did you work in any dusty job? Yes No
Was dust exposure Mild Moderate Severe

In the past year, were you exposed to gas or chemical fumes in your work? Yes No
Was exposure Mild Moderate Severe

In the past year, what was your:
Job/Occupation: _____
Position/Job Title: _____

Recent Medical History

Do you consider yourself to be in good health? Yes No
If "No", state reason: _____

Epilepsy? Yes No Diabetes? Yes No Rheumatic Fever? Yes No
Jaundice? Yes No Cancer? Yes No Kidney Disease? Yes No
Bladder Disease? Yes No

Chest Colds and Chest Illnesses

If you get a cold, does it usually go to your chest? Yes No Do not get colds

During the past three years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? Yes No

Did you produce phlegm with any of these chest illnesses? Yes No Does not apply

In the past three years, how many such illnesses with (increased) phlegm did you have which lasted a week or more? _____ # of Illnesses No Such Illness

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Respiratory System

In the past year, have you had:

If YES, please explain:

- Asthma, Bronchitis, Hay Fever, Other Allergies, Pneumonia, Tuberculosis, Chest Surgery, Other Lung Problems, Heart Disease. Each item has Yes/No checkboxes and an explanation line.

Do you have:

- Frequent Colds, Chronic Cough, Shortness of Breath when walking or climbing stairs. Each item has Yes/No checkboxes and an explanation line.

Do you:

- Wheeze, Cough Up Phlegm, Smoke Cigarettes. Each item has Yes/No checkboxes and an explanation line.

Patient Signature: _____ Date: _____