

CHART #: \_\_\_\_\_

## Interim Exam Questionnaire

Zuckerberg San Francisco General Hospital Occupational Health Service

Name: **Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Address: **Street#:** \_\_\_\_\_ **Apt. City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list (below) the job information that this exam is for: **Social Security:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is this a new position?  Yes  No Dept.: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**DSW #:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Job Class:** \_\_\_\_\_

Work Address: **Street#:** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

PLEASE FULLY COMPLETE THE FOLLOWING SECTION

### For SFMTA Employees only

Yes No

Date of Last Day of WORK: \_\_\_\_\_

Are you currently working at full duty capacity with *no* restrictions?

### Health History

Since your last exam, have you:

Yes No

Yes No

- Been hospitalized?
- Had a serious illness or injury that did not require hospitalization?
- Been off work for an illness or injury for more than five consecutive days?
- Been placed on a new medication?
- Developed an allergy?
- Had a family member who developed serious illness?
- Developed a new symptom?
- Been told you have diabetes?
- Been told you have high blood pressure?
- Been told you have heart disease?
- Had a lapse of consciousness, seizure, or blackout?
- Had any nervous system problems including stroke or loss of blood to the brain?
- Had any problems with drugs or alcohol?
- Had a health problem that these questions have missed? If so, please list: \_\_\_\_\_

- Do you drink alcoholic beverages? If yes, how much do you drink (average) per week? \_\_\_\_\_
- Been exposed to any loud noise? \_\_\_\_\_
- Been exposed to any chemicals (paints, solvents, acids, caustics, etc.)?
- Been exposed to any dust such as asbestos or silica?
- Been exposed to any welding or soldering fumes?
- Been exposed to any radiation?
- Started to work with VDT's (video display terminal, computer terminals)?
- Needed to use a respirator for any reason?
- Worked in a confined space?
- Had an industrial illness or injury?
- Been exposed to an infectious disease at work? What do you think is a health hazard at work? \_\_\_\_\_

- Do you smoke regularly? If yes, how many of the following do you usually smoke per day?
  - Cigarettes:
    - less than 1/2 pack  1 1/2 packs
    - 1/2 pack  2 or more packs  1 pack
  - Pipes: \_\_\_\_\_
  - Cigars: \_\_\_\_\_
  - Age started smoking? \_\_\_\_\_
  - Number of years smoking? \_\_\_\_\_
  - If no longer smoking, when did you quit? \_\_\_\_\_
- Are you currently taking medications/drugs? If yes, please list them below: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Examiner's Comments: