OCCUPATIONAL HISTORY

(Please complete and bring to Pre-Placement Physical Examination)

Name _____ Date _____

Position (Job) _____

1. Describe your current work activities:

2. Are you exposed to or do you work with any occupational hazards such as blood, body fluids, infectious agents, chemicals, dusts, gases or fumes?

   ☐ Yes ☐ No ☐ Don't Know

3. Have you ever worked with any of the following materials?

Hospital Exposures

- ☐ Blood and body fluids
- ☐ Antineoplastic medications
- ☐ Patients in Isolation
- ☐ Sterilization equipment/fluids
- ☐ Lasers
- ☐ Laboratory animals
- ☐ Radiation
- ☐ Ultraviolet/Infrared lighting
- ☐ Other chemicals
- ☐ Other gases

Other Industrial Exposures

- ☐ Asbestos
- ☐ Plastics
- ☐ Solvents
- ☐ Lead
- ☐ Petroleum products
- ☐ Mercury
- ☐ Degreasers
- ☐ Other metals
- ☐ Paints
- ☐ Welding, Brazing, Soldering
- ☐ Glues
- ☐ Insulation
- ☐ Grease and Oil
- ☐ Other dusts
- ☐ Pesticides
- ☐ Silica
- ☐ Other gases
- ☐ Noise

4. Have you ever done any of the following types of work

- ☐ Direct Patient Care
- ☐ Medical Research
- ☐ Plumbing or pipe fitting
- ☐ Shipyard work
- ☐ Building construction
- ☐ Mining
- ☐ Forge/foundry work
- ☐ Chemical Plant Work

5. Have you ever worked in any other environments or with any other materials about which you are concerned?

   ☐ Yes ☐ No

   If yes, describe _____

6. Do you have any hobby activities that involve the use of or exposure to dusts, chemicals, or fumes?

   ☐ Yes ☐ No

   If yes, describe _____