

**WORKPLACE HEALTH & WELLNESS**
**OCCUPATIONAL HISTORY FORM**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Have you ever worked in/around or worked with/been exposed to:

	Y	N		Y	N		Y	N
Animals			<u>BIOLOGIC HAZARDS</u>			<u>PHYSICAL HAZARDS</u>		
Asbestos			Animals			Extreme heat / cold		
Chemicals			Insects			Radioactive materials		
Construction			Blood / blood products			Radiation (microwave, lasers, x-ray)		
Electronics			Infectious agents (bacteria, viruses)			Dusts (coal, sandblasting)		
Hospital			Other			Particulates (Asbestos, silica)		
Metals						Noise (loud or continuous)		
Mill (lumber, cotton, etc.)						Heavy lifting (50 lbs.)		
Mine (coal, hematite)			<u>CHEMICAL HAZARDS</u>			Repetitive motion		
Nuclear			Cytotoxic agents			Vibration		
Petroleum			Pesticides			Other		
Rubber / latex			Solvents					
Sand pit / quarry			Other					
Soot or tar								
Waste								
Other								

 Explain all **YES** answers in the space below (include dates and years of exposure):

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Have you ever had:	Y	N	Have you been immunized against:	Y	N	Date / Year
Measles			Measles / Mumps / Rubella			
Mumps			Chicken Pox (Varicella)			
Rubella (German measles)			Hepatitis B Vaccine			
Chicken Pox (Varicella)			Rabies Vaccine			
Hepatitis A			Tetanus / Diphtheria / Tdap			
Hepatitis B			Hepatitis A			
Hepatitis C			BCG Vaccine (Tuberculosis)			
Hepatitis D or E			Other			

	Y	N
Do you have documentation of immunization record?		
Have you had a PPD (Tuberculosis screening)?		
Have you ever had a positive PPD?		

**PROVIDER REVIEW:** \_\_\_\_\_ **DATE:** \_\_\_\_\_
