

**San Bernardino County Center for Employee Health and Wellness
OCCUPATIONAL/ENVIRONMENTAL HISTORY FORM**

EMPLOYEE NAME: _____
Last First MI

DATE: _____

EMPLOYEE ID/SSN# _____

DATE OF BIRTH: _____

JOB CLASSIFICATION: _____

HOME PHONE: (____) _____

DEPARTMENT/DIVISION: _____

WORK PHONE: (____) _____

I. OCCUPATIONAL PROFILE

Fill in the table below listing all jobs at which you have worked, including short-term, seasonal, and part-time employment. Start with your present job and go back to your first job.

WORKPLACE (EMPLOYER'S NAME & ADDRESS OR CITY)	DATES WORKED		DID YOU WORK FULL TIME?	TYPE OF INDUSTRY (DESCRIBE)	DESCRIBE YOUR JOB DUTIES	KNOWN HEALTH HAZARDS IN WORKPLACE (DUSTS, SOLVENTS, ETC.) & Frequency (Daily, Wkly, etc.)	PROTECTIVE EQUIPMENT USED	PLEASE DATE & INITIAL
	FROM	TO						

II. OCCUPATIONAL EXPOSURE INVENTORY

Please answer each question as Yes or No. For all Yes answers, use the space below and provide a brief description.

- 1. Have you experienced any health problems or injuries associated with your present or past jobs? YES NO
- 2. Have any of your co-workers also experienced health problems or injuries connected with the same jobs? YES NO
- 3. Have you ever worked in a dusty job and developed problems? YES NO
- 4. Do you have any allergies or allergic conditions? YES NO
- 5. Have any substances caused you to have a rash or breathing problem? YES NO
- 6. Have you ever changed jobs or work assignments because of any health problems or injuries? YES NO
- 7. Do you have any significant medical conditions (chronic low back pain, diabetes, heart disease, etc.)? YES NO

Description for items checked "Yes" for Questions 1 – 7 above (Example- #4 allergic to aspirin)

8. Have you ever worked at a job or hobby in which you came in direct contact with any of the following substances by breathing, touching, or direct exposure? Please check all appropriate boxes below.

- | | | |
|--|--|-------------|
| <input type="checkbox"/> 1,3-Butadiene | <input type="checkbox"/> Cotton dust | Other _____ |
| <input type="checkbox"/> Acrylonitrile | <input type="checkbox"/> DBCP | Other _____ |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Ethylene | Other _____ |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Formaldehyde | Other _____ |
| <input type="checkbox"/> Benzene | <input type="checkbox"/> Hazardous chemicals in laboratories | Other _____ |
| <input type="checkbox"/> Blood | <input type="checkbox"/> HAZWOPER | Other _____ |
| <input type="checkbox"/> Body Fluids | <input type="checkbox"/> Lead | Other _____ |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Methylene chloride | Other _____ |
| <input type="checkbox"/> Carcinogens | <input type="checkbox"/> Methylenedianiline | Other _____ |
| <input type="checkbox"/> Coke oven emissions | <input type="checkbox"/> Noise (loud) | Other _____ |
| <input type="checkbox"/> Compressed air environments | <input type="checkbox"/> Vinyl chloride | Other _____ |

III. ENVIRONMENTAL HISTORY

Please answer each question as Yes or No. For all Yes answers, use the space below and provide a brief description.

- 9. Have you ever been continuously exposed to second hand smoke? YES NO
- 10. Do you smoke? How much? _____ YES NO
- 11. Have you ever changed your residence or home because of a health problem? YES NO
- 12. Do you live next door or very near to an industrial plant? YES NO
- 13. Do you consume alcohol beverages? How much? _____ YES NO
- 14. At home, are you exposed to dust or chemicals (paints, sawdust, varnish, etc.) from a household member's activities? YES NO
- 15. Do you use pesticides or chemicals around your home or garden? YES NO

Description for items checked "Yes" for Questions 9 – 15 above (Example- #14 1 beer per week)

IV. HEARING HISTORY

- 16. Have you ever had a hearing test before? YES NO
- 17. Have you been a member of a Military Service? YES NO If YES, how many years _____ and discharge date _____
- 18. Have you ever experienced dizziness? YES NO
- 19. Have you ever experienced noises, fullness or pain in the ears? YES NO
- 20. Have you ever had fluctuating, sudden or rapid hearing loss? YES NO
- 21. Have you ever had an ear infection, been to an ear specialist or had ear surgery performed or recommended? YES NO
- 22. Have you ever had a head injury or unconsciousness or taken mycins, quinine or excessive aspirin? YES NO
- 23. Did you ever hunt, shoot guns or have any noisy hobbies? YES NO
- 24. Do you presently or have you ever had a noisy job? YES NO
- 25. How many years have you been at your present job? _____
- 26. When was your last noise exposure? _____
- 27. Do you currently use or previously used hearing protection? YES NO If YES, indicate type used: _____

Description for items checked "Yes" for Questions 16 - 24 above

I certify, under penalty of perjury, that the information given by me is true, correct, and complete, **to the best of my knowledge and belief**. I understand that any **material misstatements or omissions of facts** may lead to disciplinary action and/or loss of employment with the County of San Bernardino, either before or after such employment has commenced.

Signature

Date

Date: _____ No Changes Added New Info Changed Current Info Comments: _____

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