



OCCUPATIONAL AND ENVIRONMENTAL EXPOSURE HISTORY

Many chronic lung diseases can result from or be modified by a broad range of factors including genetics and family history; personal habits such as smoking, diet, and exercise; random events such as infections; and exposures in the work place or the home. Please complete the form and questions below to the best of your knowledge. The clinician examining you will review this form and discuss possible factors that may be related to your disease.

List all jobs you held while in military service. List Navy Enlisted Code (NEC), Navy Officer Billet Codes (NOBC), Military Occupational Specialties (MOS), or Air Force Specialty Codes (AFSC) if known. Provide a brief job description.

Table with 4 columns: SERVICE BRANCH, RATING/SPECILTY, TASKS AND EXPOSURES, YEARS WORKED

List all jobs you have had held since completing high school. Include periods of unemployment greater than one year. Provide a brief job description. Begin with your most recent job and work backwards.

Table with 3 columns: INDUSTRY, DESCRIPTION, YEARS WORKED

While working at any of your past or present jobs, have you worked with any of the substances listed below? Check those that apply and indicate the average hours per week and number of years you worked with each substance.

Table with 6 columns: SUBSTANCE, HRS PER WEEK, YEARS, SUBSTANCE, HRS PER WEEK, YEARS

PATIENT'S NAME: [] PATIENT'S SSN: []

Occupational Exposure History

Have you ever worked in a moldy or musty environment?

YES

NO

If you were exposed to mold explain how.

Have you worked in a building (other than your home) with sustained water problems?

YES

NO

Have you ever worked in a building (other than your home) with moldy or musty odors?

YES

NO

Have you ever worked in a moldy or musty environment?

YES

NO

Have you ever worked with the materials listed below? Check those that apply, indicate if particles were visible and the and indicate the average hours per week and number of years you worked with each substance.

SUBSTANCE	PARTICLES WERE VISIBLE		HRS PER WEEK	YEARS
<input type="checkbox"/> Asbestos	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Wood dust	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Coal dust	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Sand/stone dust	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Abrasive blasting	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Beryllium	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Non-skid coating	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Other type of dust	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Metals	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Dusts/fumes	<input type="radio"/> YES	<input type="radio"/> NO		
<input type="checkbox"/> Metalworking fluids	<input type="radio"/> YES	<input type="radio"/> NO		

If you were exposed to any of these materials explain how.

Hobbies and Pastimes

Do you, or have you ever kept birds as pets?

YES

NO

Do you regularly garden or work with compost?

YES

NO

Do you use pesticides?

YES

NO

Do you do wood-working projects?

YES

NO

PATIENT'S NAME:

PATIENT'S SSN:

Environmental Exposure History

Home/housing - Have you lived in a house with the following problems since leaving military service

Does your basement have a musty or moldy odor?	<input type="radio"/> YES	<input type="radio"/> NO
Does your basement have water problem?	<input type="radio"/> YES	<input type="radio"/> NO
Has your basement ever flooded?	<input type="radio"/> YES	<input type="radio"/> NO
Is your kitchen stove exhausted to the outside from a range hood?	<input type="radio"/> YES	<input type="radio"/> NO
Is air from your bathroom exhausted to the outside?	<input type="radio"/> YES	<input type="radio"/> NO
Is there mold growth on your bathroom wall?	<input type="radio"/> YES	<input type="radio"/> NO
Is there mold growth on your shower curtain?	<input type="radio"/> YES	<input type="radio"/> NO

If you have lived in a home with these problems describe the issue including dates and duration of stay.

PATIENT'S NAME:

PATIENT'S SSN: