

Specify job/industry _____ Total Years Worked _____

Was dust exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____

C. Have you even been exposed to gas or chemical fumes in your work? 1. Yes _____ 2. No _____

Specify job/industry _____ Total Years Worked _____

Was exposure: 1. Mild _____ 2. Moderate _____ 3. Severe _____

D. What has been your usual occupation or job--the one you have worked at the longest?

1. Job occupation _____

2. Number of years employed in this occupation _____

3. Position/job title _____

4. Business, field or industry _____

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

	YES	NO
E. In a mine?.....	<input type="checkbox"/>	<input type="checkbox"/>
F. In a quarry?.....	<input type="checkbox"/>	<input type="checkbox"/>
G. In a foundry?.....	<input type="checkbox"/>	<input type="checkbox"/>
H. In a pottery?.....	<input type="checkbox"/>	<input type="checkbox"/>
I. In a cotton, flax or hemp mill?.....	<input type="checkbox"/>	<input type="checkbox"/>
J. With asbestos?.....	<input type="checkbox"/>	<input type="checkbox"/>

18. PAST MEDICAL HISTORY

	YES	NO
A. Do you consider yourself to be in good health?	<input type="checkbox"/>	<input type="checkbox"/>

If "NO" state reason _____

B. Have you any defect of vision?.....	<input type="checkbox"/>	<input type="checkbox"/>
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If "YES" state nature of defect _____

C. Have you any hearing defect?.....	<input type="checkbox"/>	<input type="checkbox"/>
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If "YES" state nature of defect _____