[4] LEAD AND/OR HAZMAT QUESTIONNAIRE

LADWP Occupational Health Services
111 N. Hope St. Rm 538, Los Angeles, CA 90012, (213) 367-2001

Name ______________________ Emp_ID ______________________
(or)
Job Title ______________________ SSN: ______________________

Age _______ Sex ☐ Male ☐ Female

HISTORY
Have you had any of the following problems in the past or presently:
Please explain any "Yes" answers. Use the back of form if necessary.

#	Now	Past	No	
1	☐	☐	☐	Lung disease or emphysema
2	☐	☐	☐	Cough up phlehm (mucous or sputum) most days.
3	☐	☐	☐	Ever smoke cigarettes. Year started _______ Packs per day _________
4	☐	☐	☐	Shortness of breath while walking at your own pace
5	☐	☐	☐	Asthma or wheezy or whistling sounds in your chest
6	☐	☐	☐	Kidney disease
7	☐	☐	☐	Chest pain
8	☐	☐	☐	Heart trouble of any sort
9	☐	☐	☐	Diabetes (sugar in the blood or urine)
10	☐	☐	☐	Seizures, fainting spells or epilepsy
11	☐	☐	☐	Dizzy spells.
12	☐	☐	☐	High blood pressure.
13	☐	☐	☐	Joint or muscle pains
14	☐	☐	☐	Chronic Constipation
15	☐	☐	☐	Loss of appetite
16	☐	☐	☐	Metalic taste in mouth
17	☐	☐	☐	Chronic anxiety
18	☐	☐	☐	Chronic fatigue
19	☐	☐	☐	Difficulty sleeping
20	☐	☐	☐	Poor memory
21	☐	☐	☐	Irritability
22	☐	☐	☐	Abdominal pain
23	☐	☐	☐	Frequent nausea or vomiting
24	☐	☐	☐	Black or tarry stools
25	☐	☐	☐	Blood in stools
26	☐	☐	☐	Ulcers
27	☐	☐	☐	Poor balance
28	☐	☐	☐	Numbness or weakness in arms or legs
29	☐	☐	☐	Inability to have children
30	☐	☐	☐	Impotence
31	☐	☐	☐	Depression
32	☐	☐	☐	Are you taking any prescribed or over-the-counter medicines
33	☐	☐	☐	Do you have any medical conditions for which you see a doctor
34	☐	☐	☐	Have you had any serious illnesses or been hospitalized in the past year
35	☐	☐	☐	Exposed to lead dust when not working for the City of Los Angeles
36	☐	☐	☐	Use firearms for sport
37	☐	☐	☐	Exposed to lead dust by a previous employer.

Signature ______________________ Date ______________________