

McLaren Print System Order

Order No: 61033 Reprint Previous Order No: 5789
Order Date: 2021-03-16
User: Theda Simmonds
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Ship Location: McLaren Occupational and Convenient Care - Bay City Occ
4 Columbus Ave Ste 140
Bay City, MI 48708

Forms

Quantity: 100
Paragon Dept No: 56052
Dept Name: Occupational Convenient Care
Company Number: 989

Order Total Price: 0.00

Item Number: M-34284
Item Description: Pulmonary Questionnaire
Revision Date: 6/2016
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Occupational Health & Convenient Care
1200 E. Main St., Bay City, MI 48708 Phone: 989-371-4000
1204 N. Main St., Lapeer, MI 49849 Phone: 913-987-7000
12000 S. Grand Blvd., Grand Blanc, MI 48830 Phone: 913-488-0800 Fax: 913-688-6907
1200 S. Main St., Mt. Pleasant, MI 48858 Phone: 989-776-9000 Fax: 989-773-4204

PULMONARY QUESTIONNAIRE

1. Name
2. Social Security #
3. Present Occupation
4. Plant
5. Address
6. Zip Code
7. Telephone Number
8. Interviewer
9. What is your marital status? 1. Single 2. Married 3. Widowed 4. Separated/Divorced

10 OCCUPATIONAL HISTORY

A. In the past year, did you work full time (30+ hours per week or more) for 6 months or more? Yes No

IF YES TO 10A:

B. In the past year, did you work in a dusty job? 1. Yes 2. No 3. Does not apply
C. Was dust exposure? 1. Mild 2. Moderate 3. Severe
D. In the past year, were you exposed to gas or chemical fumes in your work? 1. Yes 2. No
E. Was exposure? 1. Mild 2. Moderate 3. Severe
F. In the past year, what was your: 1. Job/Occupation? 2. Position/job title?

11 Do you consider yourself to be in good health? 1. Yes 2. No

A. If NO, state reason:

Table with 2 columns: YES, NO. Rows include: In the past year, have you developed: Coughs?, Pneumonia?, Kidney Disease?, Back/Neck Discomfort?, Diabetes?, Asthma?, Cancer?

12 CHEST COLDS AND CHEST ILLNESSES

A. If you get a cold, does it "usually" go to your chest? (usually means more than half the time) 1. Yes 2. No 3. Don't get colds
13 During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? 1. Yes 2. No 3. Does not apply