

McLaren Print System Order

Order No: 9515 Reprint Previous Order No: 5789
 Order Date: 2015-03-02
 User: Kristin Fudge
 Phone: 517-975-3107

Ship Location: MGL Redi Care South / Kristin
 6910 South Cedar St
 Lansing , Mi 48911

Forms

Quantity: 100
 Paragon Dept No: 67725
 Dept Name: MGL Redi Care South
 Company Number: 810

Order Total Price: 0.00

Item Number: M-34284
 Item Description: Pulmonary Questionnaire
 Revision Date: 1/2015
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:



PULMONARY QUESTIONNAIRE

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

B. In the past year, have you developed:

	YES	NO
Epilepsy?	_____	_____
Pharyngitis?	_____	_____
HIV/AIDS?	_____	_____
Diabetes?	_____	_____
Heart Disease?	_____	_____
Stroke?	_____	_____
Cancer?	_____	_____

12. CHEST COUGHS 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 _____