University of Wisconsin-Milwaukee

Department of University Safety & Assurances
P.O. Box 413, Milwaukee, WI 53201
(414) 229-6339

Part 2

PERIODIC MEDICAL QUESTIONNAIRE

(This is to be filed in Employee's Medical Records File)

1. Name:
2. Social Security # :
3. Clock Number: N/A
4. Present Occupation:
5. Plant: University of Wisconsin-Milwaukee
6. Address: P.O. Box 413, Milwaukee, WI 53201
7. Telephone Number:
8. Interviewer: Dr. Michael Lischak, Columbia-St. Mary's External Occupational Health Department
9. Date:
10. What is Your Marital Status?

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Separated/Divorced

Occupational History

11A. In the past year, did you work full time (30 hours per week or more) for 6 months or more?

- ☐ Yes
- ☐ No

11B. In the past year, did you work in a dusty job?

- ☐ Yes
- ☐ No

11C. Was the dust exposure:

- ☐ Mild
- ☐ Moderate
- ☐ Severe

11D. In the past year, were you exposed to gas or chemical fumes in your work?

- ☐ Yes
- ☐ No

11E. Was the exposure:

- ☐ Mild
- ☐ Moderate
- ☐ Severe

11F. In the past year, what was your:

Job/Occupation: _____

Position/Job Title: _____

Recent Medical History

12A. Do you consider yourself to be in good health?

- ☐ Yes
- ☐ No

13. In the past year, have you developed:

- ☐ Epilepsy
- ☐ Rheumatic Fever
- ☐ Kidney Disease
- ☐ Bladder Disease
- ☐ Diabetes
- ☐ Jaundice
- ☐ Cancer

Chest Colds and Chest Illnesses

14. If you get a cold, does it usually go to your chest? (Usually means more than ½ the time)

- ☐ Yes
- ☐ No

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?

- ☐ Yes -- If "Yes" go on to 15 B
- ☐ No -- If "No" go on to 15 C

15 B. Did you produce phlegm with any of those chest illnesses?

- ☐ Yes
- ☐ No

15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

Number of illnesses: _____ ☐ No such illnesses

Respiratory System

16. In the past year have you had:

		Disease	
◯ Yes	◯ No	Asthma	Further Comment on Positive Answer:
◯ Yes	◯ No	Bronchitis	Further Comment on Positive Answer:
◯ Yes	◯ No	Hay Fever	Further Comment on Positive Answer:
◯ Yes	◯ No	Other Allergies	Further Comment on Positive Answer:
◯ Yes	◯ No	Pneumonia	Further Comment on Positive Answer:
◯ Yes	◯ No	Tuberculosis	Further Comment on Positive Answer:
◯ Yes	◯ No	Chest Surgery	Further Comment on Positive Answer:
◯ Yes	◯ No	Other Lung Problems	Further Comment on Positive Answer:
◯ Yes	◯ No	Heart Disease	Further Comment on Positive Answer:
◯ Yes	◯ No	Frequent Colds	Further Comment on Positive Answer:
◯ Yes	◯ No	Chronic Cough	Further Comment on Positive Answer:
◯ Yes	◯ No	Shortness of Breath When Walking or Climbing One Flight of Stairs	Further Comment on Positive Answer:

17A. Do you wheeze?

☐ Yes
☐ No

17B. Cough up Phlegm?

☐ Yes
☐ No

17C. Smoke Cigarettes?

☐ Yes
☐ No

Packs per day:

How many years:

Signature_____ Date: