



**SARATOGA HOSPITAL
MEDICAL GROUP**

OCCUPATIONAL MEDICINE
2388 ROUTE 9 • MECHANICVILLE • NY • 12118
TEL: (518) 886-5412 • FAX: (518) 899-8069

DOB: _____ Age: _____ Sex: _____
ADM/SVC Date: _____ Arrival Time: _____
Loc: _____

MR#: _____

Initial / Periodic Hazmat Exam Questionnaire

Have or had any of the following musculoskeletal conditions:

- 1. Back injury, strain, herniated disc, recurring ache? Yes No
- 2. Neck problems, neck pain, whiplash? Yes No
- 3. Bursitis, tendonitis? Yes No
- 4. Foot or ankle problems? Yes No
- 5. Fractures? Yes No
- 6. Hand, wrist, elbow problem? Yes No
- 7. Knee or shoulder problems? Yes No

What year was your last diphtheria/tetanus booster? _____

Have you completed the Hepatitis B vaccine series? Yes No

List all medications you are currently taking: _____

Previous Employment:

Employer	Job Title	Dates Employed

Provider Notes: _____

Exposure History: Please Describe any of the following exposures that may have occurred in the course of previous or current employment, or as a result of ongoing hobbies:

- Asphalt roofing materials: _____
- Concrete Products: _____
- Porcelain Enameling: _____
- Dental Lab: _____
- Foundries: _____
- Jewelry Making: _____
- Cut Stone: _____
- Pottery: _____
- Ready-mix Concrete: _____
- Railroads: _____
- Shipyards: _____
- Structural Clay Products: _____
- Support for Gas/Oil Operations: _____