OCCUPATIONAL WORK EXPOSURE HISTORY

Please list all the jobs you've had, beginning with your most recent. Complete the Significant Workplace Exposure check list attached.

Employer or Union Local	Job Title and Main Duties	Years Employed	Average Hrs. per week	Tools Used (please list)	Exposures of concern:	Estimate frequency for each exposure listed, i.e. hrs/day or days/wk.
	Duties:					Protective Equipment Worn:
	Duties:					Protective Equipment Worn:

Employer or Union Local	**Job Title and Main Duties:**	**Years Employed**	**Average Hrs. per week**	**Tools Used (please list)**	**Exposures of concern:**	**Estimate frequency for each exposure listed, i.e. hours/day or days/week.**
	Duties:					Protective Equipment Worn:
	Duties:					Protective Equipment Worn:

Employer or Union Local	**Job Title and Main Duties:**	**Years Employed**	**Average Hrs. per week**	**Tools Used (please list)**	**Exposures of concern:**	**Estimate frequency for each exposure listed, i.e. hours/day or days/week.**
	Duties:					Protective Equipment Worn:
	Duties:					Protective Equipment Worn:

Significant Workplace Exposures (*please check (✓) all that apply*)

FUMES AND DUSTS

- ☐ Asbestos
- ☐ Plastic Fumes
- ☐ Welding Fumes
- ☐ Fumes (Other)
- ☐ Glass (eg. fiberglass)
- ☐ Silica (eg. sand, quartz)
- ☐ Plaster
- ☐ Wood [specify type(s)]_____
- ☐ Other _____

ELEMENTS AND METALS

- ☐ Aluminum
- ☐ Arsenic
- ☐ Beryllium
- ☐ Cadmium
- ☐ Chromium
- ☐ Copper
- ☐ Lead
- ☐ Manganese
- ☐ Mercury
- ☐ Nickel
- ☐ Zinc
- ☐ Other _____

SOLVENTS

- ☐ Benzene
- ☐ Toluene
- ☐ Xylene
- ☐ Carbon Tetrachloride
- ☐ Methyl Ethyl Ketone
- ☐ Paint
- ☐ Varnish
- ☐ Degreasers
- ☐ Tri-, Tetrachloroethylene
- ☐ Other _____

OTHER CHEMICALS

- ☐ Asbestos
- ☐ Plastic Fumes
- ☐ Acids
- ☐ Alkali (Caustics)
- ☐ Ammonia
- ☐ Detergent and Soaps
- ☐ Dyes
- ☐ Formaldehyde
- ☐ Isocyanates (MDI, TDI)
- ☐ Pesticides
- ☐ Plastics, Resins
- ☐ Styrene
- ☐ Other _____

MUSCULOSKELETAL FACTORS (PLEASE LIST IN PERCENTAGES (%) OF WORKDAY, IF YOUR COMPLAINT IS MUSKULOSKELETAL IN NATURE

- ☐ Standing _____
- ☐ Squatting _____
- ☐ Sitting _____
- ☐ Kneeling _____
- ☐ Repetitive upper limb use _____
- ☐ Awkward postures _____
- ☐ Bending and twisting_____
- ☐ Vibration _____
- ☐ Other _____

MISCELLANEOUS

- ☐ Noise
- ☐ Excess Heat or Cold
- ☐ Ionizing Radiation (x-ray, radioisotopes)
- ☐ Non-ionizing radiation (microwave, UV rays)
- ☐ Sewage or Toxic Waste
- ☐ Plant Products
- ☐ Animals, Birds
- ☐ Moulds
- ☐ Other _____