2. What chemicals are you exposed to on your job?

3. How many hours a day are you exposed to chemicals?

4. Have you noticed any skin rash within the past year you feel was related to your work?
   Yes__ No__
   If so, explain circumstances: __________________________________________

5. Have you noticed that any chemical makes you cough, be short of breath, or wheeze?
   Yes__ No__
   If so, can you identify it? __________________________________________

   D. Miscellaneous

1. Do you smoke?
   Yes__ No__
   If so, how much and for how long? ________________________________

   Pipe__________________________

   Cigars________________________

   Cigarettes_____________________

2. Do you drink alcohol in any form?
   Yes__ No__
   If so, how much, how long, and how often? ________________________________

3. Do you wear glasses or contact lenses?
   Yes__ No__

4. Do you get any physical exercise other than that required to do your job?
   Yes__ No__
   If so, explain: __________________________________________