6. Have you been exposed to BD when you were not wearing protective equipment or clothing?
   yes  no

7. Are you exposed to any NEW chemicals at home or while working on hobbies?
   yes  no

   If yes, please list what they are: ____________________________________________
   ____________________________________________
   ____________________________________________

8. Since your last BD health evaluation, have you started working any new second or side jobs?
   yes  no

   If yes, what are your duties there? ____________________________________________
   ____________________________________________
   ____________________________________________

   Personal Health History

1. What is your current weight? _________ pounds

2. Have you been diagnosed with any new medical conditions or illness since your last evaluation?
   yes  no