

Date of Submission

Name (<i>Last, First, MI</i>)	Rank/Rate	Home Address/Military Unit	Sex	Date of Birth	Current Job Description
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INSTRUCTIONS: Please complete the following work history. Begin with your present job or military assignment, and list all jobs you have held. Be as specific as possible. If you held more than one job with the same employer, list each job title and activity. Use additional sheets as needed.

[illegible]

PART II - RESPIRATORY SYMPTOMS

Since your last examination or visit to the doctor, have you experienced any of the following?

SYMPTOM	YES	NO	NOT SURE	SYMPTOM	YES	NO	NOT SURE
a. Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Expectoration (<i>PHLEGM</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Stuffy Nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Eyes Burning or Watering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Muscle Aches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Throat Sore or Burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Loss of Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chest Pains, Aching, Tightness, Burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m. Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Do you smoke cigarettes, cigars, or pipe? ☐ Yes ☐ No

If "Yes", how old were you when you began to smoke cigarettes, cigars, or pipe? _____

If "Yes", number of cigarettes, cigars, or pipefuls smoked daily, given best estimate (*A pack contains 20 cigarettes*)

_____ Cigarettes/day

_____ Cigars/day

_____ Pipefuls/day

PRIVACY ACT STATEMENT

Under Title 552a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard.

AUTHORITY: Occupational Safety Act of 29 December 1970, P.L. 91-596, 91st Congress S-2193.

PURPOSE(S): To collect and monitor occupational safety and health hazards exposures of Coast Guard civilian and military personnel.

ROUTINE USE(S): To provide health care to affected personnel and to establish a data base of information for the enhancement of the physical environment.

DISCLOSURE: It could result in incomplete or insufficient health care for the individual(s) and could prevent the removal or correction of existing hazards, due to incomplete or inadequate information.

