DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD

Date of s									Date of Submission		
0	OCCUPATIONAL HEALTH SURVEILLANCE QUESTIONNAIRE										
Name (Last, First, MI)		ate Ho	me A	ddres	ss/Military Unit	Sex	Date of Birth		Current Job Description		
		Р	AR	Г I -	OCCUPATIONAL HISTORY						
INSTRUCTIONS: Please complete the following work hist the same employer, list each job title and activity. Use add	ory. Begin wit	h your pre as needed	sent j l.	ob o	r military assignment, and list all jobs you have h	eld. Be as s	pecific as	possible. If yo	u held m	ore than one job with	
	DATES V	VORKED	KED 🖁			POTENTIAL HAZARDS EXPOSED TO			ED TO	PROTECTIVE	
COMPANY OR MILITARY UNIT (County and state where worked)	FROM (MM/YY)	TO (MM/YY)	FULL TIME JOB	PART T JOB	JOB TITLE AND WORK ACTIVITIES	PHYS (Noise, v	ibration,	CHEMIC (Heavy me Freon, solve	etals,	EQUIPMENT WORN (Respirator, ear plugs, etc)	
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SECONDARY (MOONLIGHTING) JOBS YOU HAVE HELD (Firefighter, farmer, etc.) JOB TITLE				
HOBBIES AND ACTIVE SPORTS (Past and present, such as painting, woodworking, scuba diving, etc.)	FROM	то		
WORK RELATED EXPERIENCES, COMMENT ON (Those you feel may have been harmful to your health)		l		

PART II - RESPIRATORY SYMPTOMS										
Since your last examination or visit to the doctor, have you experienced any of the following?										
SYMPTOM		NO	NOT SURE	SYMPTOM		NO	NOT SURE			
a. Cough				h. Expectoration (PHLEGM)						
b. Fever				i. Stuffy Nose						
c. Chills				j. Eyes Burning or Watering						
d. Muscle Aches				k. Throat Sore or Burning						
e. Shortness of Breath				I. Loss of Appetite						
f. Chest Pains, Aching, Tightness, Burning				m. Weight Loss						
g. Wheezing										
Do you smoke cigarettes, cigars, or pipe?			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.