Special Health Examination Questionnaire

Company:
Name:

*** Please indicate any symptoms you have experienced during the last 6 months.**

Body Part	Symptom	Intensity		
		High	Medium	None
General	I have lost my appetite and lost weight.			
	I feel exhausted.			
	I can feel a lump (lumps) in my body.			
Skin	I have an itching feeling or inflammation on my skin.			
	I have a rash on my skin.			
	I have seen some changes in my hair, fingernails, or toenails.			
	My skin is rough and cracked.			
Eye	My eyes feel irritated and well up with tears often			
	My sight is worse than before.			
	My eyes are bloodshot or hurt.			
Ear	I cannot hear clearly.			
	I hear a ringing sound.			
Nose	My nose often bleeds.			
	I have a runny or stuffy nose.			
	I cannot smell so well.			
Mouth	My gums bleed or are sore.			
	I cannot taste food so well.			
Digestive System	My stomach has had a stinging pain.			
	My mouth tastes like metal.			
	I am constipated.			

Body Part	Symptom	Intensity		
		High	Medium	None
Cardiovascular/ Respiratory System	My heart pounds while working.			
	I cough and am short of breath while working.			
	I feel pressure on my chest.			
	I have phlegm or cough when I wake up.			
	I cough when I go back to work after a holiday.			
Spine/Limbs	My arms, legs, or shoulders ache.			
	My hands or feet tremble or feel weak.			
	My hands or feet feel numb.			
	My fingers become white when cold.			
	My waist aches.			
Mental Health/Nervous System	My head aches.			
	I feel dizzy.			
	I have become more forgetful.			
	I am anxious and restless.			
	My head feels numb or I feel as though I am drunk.			
	I find it hard to concentrate.			
Urinary/ Reproductive System	I find it hard to urinate.			
	My body swells up easily.			
	I am suffering from irregular menstruation.			
	I have experienced a miscarriage.			

Please specify other symptoms, if any.

*** Have you ever experienced a health problem (physical problem) at work? □ Yes □ No**
*** Do you think your problem is related to the materials you handle at work? □ Yes □ No**

Doctor's Comment	