EMPLOYEE MEDICAL HISTORY

Name …….

Date……..

Have you suffered the following?

	Yes	No
1) Industrial dermatitis	❑	❑
2) Noise induced hearing loss	❑	❑

Have you suffered the following conditions?

1) Heart condition of any kind	❑	❑
2) Back condition or spinal disorder	❑	❑
3) Eye condition requiring attention	❑	❑
4) Neurosis or nervous disorder	❑	❑
5) Hernia	❑	❑
6) Injury to arms, legs or feet	❑	❑
7) Asthma	❑	❑
8) Other please state	❑	❑

_____

_____

_____

_____

_____