

13. RECENT MEDICAL HISTORY

13A. Do you consider yourself to be in good health? Yes ☐ No ☐

If NO, state reason _____

13B. In the past year, have you developed:

	Yes	No
Epilepsy?	☐	☐
Rheumatic fever?	☐	☐
Kidney disease?	☐	☐
Bladder disease?	☐	☐
Diabetes?	☐	☐
Jaundice?	☐	☐
Cancer?	☐	☐

14. CHEST COLDS AND CHEST ILLNESSES

14A. If you get a cold, does it usually go to your chest? (Usually means more than 1/2 the time)

1. Yes ☐ 2. No ☐
3. Don't get colds ☐

15A. During the past year, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?

1. Yes ☐ 2. No ☐
3. Does Not Apply ☐

If YES TO 15A:

15B. Did you produce phlegm with any of these chest illnesses?

1. Yes ☐ 2. No ☐
3. Does Not Apply ☐

15C. In the past year, how many such illnesses with (increased) phlegm did you have which lasted a week or more?

Number of illnesses
No such illnesses ☐

16. RESPIRATORY SYSTEM

In the past year have you had:

Yes or No	Further Comment on Positive Answers
Asthma ☐	
Bronchitis ☐	
Hay Fever ☐	
Other Allergies ☐	

BILLING CODE 4510-26-C

Yes or No

Further Comment on Positive Answers

Pneumonia ☐

Tuberculosis ☐

Chest Surgery ☐

Other Lung Problems ☐

Heart Disease ☐

Do you have:

Yes or No

Further Comment on Positive Answers

Frequent colds ☐

Chronic cough ☐

Shortness of breath when walking or climbing one flight or stairs ☐

Do you:

Wheeze ☐

Cough up phlegm ☐

Smoke cigarettes ☐

Packs per day How many years

Date

Signature