Specify job/industry ____________________________ Total Years Worked __


C. Have you even been exposed to gas or chemical fumes in your work? 1. Yes __ 2. No __
Specify job/industry ____________________________ Total Years Worked __


D. What has been your usual occupation or job—the one you have worked at the longest?

1. Job occupation ____________________________________________

2. Number of years employed in this occupation _________________

3. Position/job title ___________________________________________

4. Business, field or industry __________________________________

(Record on lines the years in which you have worked in any of these industries, e.g. 1960-1969)

Have you ever worked:

E. In a mine?................................................................. [___] [___]
F. In a quarry?.............................................................. [___] [___]
G. In a foundry?......................................................... [___] [___]
H. In a pottery?......................................................... [___] [___]
I. In a cotton, flax or hemp mill?......................... [___] [___]
J. With asbestos?..................................................... [___] [___]

18. PAST MEDICAL HISTORY

A. Do you consider yourself to be in good health? [___] [___]

If "NO" state reason ____________________________________________

B. Have you any defect of vision?......................... [___] [___]

If "YES" state nature of defect ______________________________________

C. Have you any hearing defect?......................... [___] [___]

If "YES" state nature of defect ______________________________________