Specify job/industry ________________________ Total Years Worked __


C. Have you even been exposed to gas or chemical fumes in your work?
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 ________________________________