3. Have you ever been in the hospital for any other reasons? yes no

If yes, please describe the reason:

________________________________________________________________________

4. Do you have any on-going or current medical problems or conditions? yes no

If yes, please describe:

________________________________________________________________________

5. Do you now have or have you ever had any of the following? Please check all that apply to you.

unexplained fever  bruising easily  still birth
anemia ("low blood")  lupus  eye redness
HIV/AIDS  weight loss  lumps you can feel
weakness  kidney problems  child with birth defect
sickle cell  enlarged lymph nodes  autoimmune disease
miscarriage  liver disease  overly tired
skin rash  cancer  lung problems
bloody stools  infertility  rheumatoid arthritis
leukemia/lymphoma  drinking problems  mononucleosis ("mono")
neck mass/swelling  thyroid problems  nagging cough
wheezing  night sweats
yellowing of skin  chest pain

Please circle your answer.

6. Do you have any symptoms or health problems that you think may be related to your work with BD? yes no

If yes, please describe:

________________________________________________________________________

7. Have any of your co-workers had similar symptoms or problems?
yes  no  don’t know

If yes, please describe:

________________________________________________________________________

8. Do you notice any irritation of your eyes, nose, throat, lungs, or skin when working with BD? yes no

9. Do you notice any blurred vision, coughing, drowsiness, nausea or headache when working with BD? yes no

10. Do you take any medications (including birth control or over-the-counter)? yes no

If yes, please list:

________________________________________________________________________