6. Have you been exposed to BD when you were not wearing protective equipment or clothing?  
   yes    no

7. Are you exposed to any NEW chemicals at home or while working on hobbies?  
   yes    no  
   If yes, please list what they are: ____________________________________________

8. Since your last BD health evaluation, have you started working any new second or side jobs?  
   yes    no  
   If yes, what are your duties there? ____________________________________________

Personal Health History

1. What is your current weight? ______ pounds

2. Have you been diagnosed with any new medical conditions or illness since your last evaluation?  
   yes    no  
   If yes, please tell what they are: ____________________________________________

3. Since your last evaluation, have you been in the hospital for any illnesses, injuries, or surgery?  
   yes    no  
   If yes, please describe: ____________________________________________

4. Do you have any of the following? Please place a check for 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 rash           _____   infertility     _____   rheumatoid arthritis     _____
   leukemia/lymphoma     _____   drinking problems     _____   mononucleosis "mono"     _____
   neck mass/swelling    _____   thyroid problems     _____   nagging cough     _____
   wheezing              _____   night sweats     _____   yellowing of skin     _____