

LEAD QUESTIONNAIRE



INTEGRATED, COMPREHENSIVE OCCUPATIONAL HEALTH SERVICES

A division of Summit Orthopedics for over 20 year

1. Have you had any of the following symptoms in the last year?
 - Abdominal pain..... Yes No
 - Constipation..... Yes No
 - Lack of appetite..... Yes No
 - Numbness..... Yes No
 - Weakness in your wrists or ankles..... Yes No
 - Poor concentration..... Yes No
 - Forgetfulness..... Yes No
 - Miscarriage..... Yes No

2. Have you ever been told you had the following conditions?
 - Kidney disease..... Yes No
 - Heart disease..... Yes No
 - Anemia..... Yes No
 - Wrist drop..... Yes No
 - Foot drop..... Yes No
 - Infertility..... Yes No
 - Low sperm count..... Yes No
 - Spontaneous abortion..... Yes No
 - Retained bullet or piece of metal in your body..... Yes No

3. Do you do any welding or soldering?..... Yes No

4. Do you do any of the following:
 - Ceramic making..... Yes No
 - Target shooting..... Yes No
 - Battery burning..... Yes No
 - Drink well water..... Yes No
 - Take herbal or folk medicine..... Yes No
 - Eat from unfired pottery..... Yes No
 - Drink home-distilled wine or whiskey..... Yes No

5. Has anyone else in your family been found to have high blood lead levels?..... Yes No

6. Have you ever had a child who had a learning disability?..... Yes No

If you answered YES to any of the above questions, please explain the circumstances in more detail below:

Signature:	Date:
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