MONTGOMERY COUNTY GOVERNMENT
OCCUPATIONAL MEDICAL SECTION
PULMONARY FUNCTION QUESTIONNAIRE AND TEST

NAME: ____SOCIAL SECURITY NUMBER____________
JOB TITLE _____________________________________WORK SITE____________________________

Do you smoke currently cigarettes, cigars or a pipe? ___yes ___no
If yes: How many years? ______ How much? __________ per day.
Have you ever been a smoker in the past? ___yes ___no
If yes: How many years? ______ When did you stop? ____________________________
In the past year: Did you work in a dusty job? ___yes ___no
If yes, was exposure: Mild ____ Moderate ____ Severe ____
Were you exposed to gas or chemical fumes in your work? ___yes ___no
If yes, was exposure: Mild ____ Moderate ____ Severe ____
In the past year: Were you exposed to toxic fumes in your job? ___yes ___no
If yes, was exposure: Mild ____Moderate ____ Severe ____.
Nature of fumes if known: ____
Do you use a SCBA or other type of respirator on the job? ___yes ___no
How often? ______ What Kind? ________
Are you currently taking medications? ___yes ___no
If yes, Name of medication ________________________purpose _______________________.
Are you suffering from a cold or allergies today? ___yes ___no
Have you ever had exposure to asbestos on the job? ___yes ___no
Explain: ____

In the past year have you had:

Asthma	yes___	no___
Bronchitis	yes___	no___
Chest Surgery	yes___	no___
Pneumonia	yes___	no___
Hayfever	yes___	no___
Tuberculosis	yes___	no___
Epilepsy	yes___	no___
Rheumatic Fever	yes___	no___
Diabetes	yes___	no___
Cancer	yes___	no___
Kidney Disease	yes___	no___
Bladder Disease	yes___	no___
Jaundice	yes___	no___
Chest Pain	yes___	no___
Other	yes___	no___

_______FOR OFFICE USE ONLY_____

Glue Top Section Only

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Please comment on any yes answers:

____

Do you have:?

__ frequent colds	yes___	no___
__ chronic cough	yes___	no___
__ shortness of breath climbing steps one flight or walking?	yes___	no___

Employee's Signature: ________________________________Date:________________________________
Technician Comments: ____

Physician Signature: ____

Interpretation: ____

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