

# Gulf Regional Occupational Medicine Center

**Baton Rouge Location:**

8742 Goodwood Blvd.  
Baton Rouge, LA 70806  
Phone #: 225-231-7070  
Fax #: 225-231-7069

**Abbeville Location:**

121 East St. Victor St.  
Abbeville, LA 70510  
Phone #: 337-893-0810  
Fax #: 337-893-0890

---

## LEAD EXPOSURE QUESTIONNAIRE

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX(M F) SSN# \_\_\_\_\_

DATE \_\_\_\_\_

*Please, answer the following by circling the appropriate response*

### OCCUPATIONAL HISTORY:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you engaged in any hobbies involving exposure to lead?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you currently work with lead or lead containing compounds?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you worked with lead or lead containing materials in the past?          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you been required in any job to wear personal protection for lead expos | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you ever had your blood checked for lead?                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

*If you answered 'YES' to any of the above questions please give details:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL HISTORY:

6. Do you have a history of anemia, kidney disease, liver disease or disease of the nervous system or a learning difficulty?

*If 'YES' please explain:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Please, circle any of the following symptoms you have experienced in the the past six months, abdominal pain, abnormal taste, constipation, loss of appetite, fatigue, numbness of extremities, confusion, dizziness/coordination difficulties or other nervous problems.

*If 'YES' please explain:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_