

II. SOCIAL HISTORY

YES NO

A. Do you use tobacco or tobacco products?

If "YES" please list: _____

III. OCCUPATIONAL HISTORY

YES NO

A. Are you capable of frequently lifting 100 pounds?

If "NO", how much can you lift? _____

B. Have you ever had an injury or illness arising out of your employment? _____

C. Have you ever had any sensitivity, become ill, or been removed from work from being around chemicals, fumes, sunlight, or dust? _____

D. Have you ever been exposed to asbestos? _____

E. What is your usual occupation / trade? _____

F. How many pounds were you required to lift on your last job? _____

NOTICE : YOUR FAILURE TO ANSWER TRUTHFULLY ANY QUESTIONS ABOUT PREVIOUS INJURIES, DISABILITIES OR OTHER MEDICAL CONDITIONS MAY RESULT IN FORFEITURE OF WORKERS COMPENSATION BENEFITS UNDER LSA R.S. 23:1208.1.

I acknowledge that I have answered all questions truthfully and I have read and understood the above NOTICE

SIGNATURE _____ **DATE** _____

Comments on History: _____

Physician/ P.A.

