CONFIDENTIAL

CRANE OPERATOR MEDICAL HISTORY QUESTIONNAIRE

COUNTY OF LOS ANGELES

At the time of your medical appointment, you must present this questionnaire, completed to the medical/nursing service. It is not to be given or shown to anyone else, in order to protect its

NAME	(LAST, FI	RST, MIDD	LE):	EMPLC	YEE NUM	BER	BIRTHDAY	AGE
ADDRESS:							STATE, ZIP CODE	
PRESENT POSITION:				HOME/CELL PHONE			WORK PHONE	
				()		()	
Have y	you hav	ve had a	ny of the following conditions	s in the	last 5 ye	ears?		
		1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11 11 11 11 11	Elevated Liver Enzymes Pancreatitis Chronic Neurological Disease Tremors Loss of Coordination Transient Ischemic Attack ADHD Suicide Attempt Psychiatric Hospitalization Manic Episode Panic Attack Low Blood Sugar Head/brain injury or disorder Heart Disease or Surgery High Blood Pressure Positive Cardiac Stress Test			20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32.	Heart Failure Loss of Cons	ciousness Ils zziness ble Treatment ease ung Disease se ralysis
YES	NOT SURE	NO 34 35 36 37 38	e or have you recently had an element of the property of the p	YES	NOT SURE ————————————————————————————————————	NO 43 45 46	B. Irregular He E. Chest Pain E. Daytime Sle E. Snoring T. Pauses in B While Asl	epiness
		41	. Headaches . Inability to Focus . Difficulty Concentrating			49	B. Shortness o D. Low Back P D. Missing or in	ain

hand, arm, foot, leg, toe

VEO	NOT	NO			
YES	SURE ——	NO 	51.	Have you taken any prescription medications or used medical mariju last 6 months? If yes, please list below the name, frequency of use, a the medication.	
			52.	Do you occasionally use or are you currently taking any over-the-coumedications that carry a warning label regarding drowsiness? If yes, below the name, frequency of use, and reason for the medication.	
			53.	Do you have any limitations or difficulties related to driving?	
			54.	Has someone ever been concerned about you drinking/drug use?	
			55.	Has someone ever been angry or upset about you drinking or drug u	se?
			56.	Have you been convicted for driving under the influence (DUI) in the	last five years?
			57.	Have you ever felt bad about your drinking or drug use?	
—— Wher	 n vou h	ave a		Have you ever had a drink first thing in the morning to steady your nerve hangover? ered "Yes" or "Not Sure", please provide details including details including details including descriptions.	· ·
				ce below. Identify each explanation by the corresponding n	
QUES	STION BER				
				(If Needed, Please Attach An Additional Sheet)	
L decl	are that	mv an	SWA	s to the questions contained in this medical questionnaire are tru	e to the best of
my kr	nowledg	ge and	belie	ef. I am aware that urine and blood testing may be used to deter answers. I am aware that any willful inaccuracy may result in disc	ect therapeutic
TYPED C	PRINTED NA	AME:		COMPLETE SIGNATURE:	DATE: