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INTERIM CONFIDENTIAL MEDICAL QUESTIONNAIRE FOR INDIVIDUALS WHO SPRAY OR HANDLE ORGANOPHOSPHATE OR CARBAMATE INSECTICIDES

Full Name					
Last	Firs	st	Mid	dle	
AddressStreet	City		State	Zip Code	
Sueet	City		State	Zip Code	
Home Phone Number()					
Date of Birth	ZPID#				
Department	Job Title				
Supervisor	Departm	ent Phone Nu	mber		
Regular Working Hours	Year Beg	gan Working a	t MSU		
Were you ever an MSU Student	? □ Yes □ No If	f yes, student i	number		
Do you apply organophosphates (Does not include thiocarbamate		icides? □ Yes	□ No If yes whe	en:// month day year	
Do you wear a respirator?	□ Yes □ No				
If yes, have you completed a res	spirator questionnaire	? Yes No	If yes, when?		
List all organophosphates or car your last blood test:	bamate insecticides, a	approximate a	mount and time la	st sprayed since	
Name of Pesticide	Approximate A	mount	Last Sprayed		

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Are you bothered by any of the following symptoms? If yes indicate how often?

If yes, indicate how o	often?		Seldom	Once a Month	Once a Week	Everyday	After mixing or spraying organophosphates or carbamate insecticides
Irritation of eyes	NO 🗆	YES □					
Cough	NO 🗆	YES □					
Wheezing	NO 🗆	YES □					
Headache	NO 🗆	YES □					
Muscle weakness	NO 🗆	YES □					
Numbness or tingling of hands or feet	g NO □	YES □					
Dizziness	NO 🗆	YES □					
Loss of appetite	NO 🗆	YES □					
Weight loss without dieting	NO 🗆	YES □					
Tiredness	NO 🗆	YES □					
Skin rash	NO 🗆	YES					