BRONSON
ProHealth®

Affix Patient Label	
Name:	Date of Birth:

ProHealth: Occupational Health History

Please complete the Occupational Health History Questionnaire. Your responses will become a permanent part of your health record.

Employer:	Job Title:

Is this a new job / activity? ☐ Yes ☐ No What type of work or activity will you be doing? _____

Have you done this type of work before? ☐ Yes ☐ No Do you feel you will be able to do this job without problems? ☐ Yes ☐ No

Recent Work History: Type of Work (Office, Driver, Sales, Production, etc.)	Months / Years at Job

Have you worked with any of the following?	**Yes**	**No**		**Yes**	**No**
Asbestos or Silica Dust	☐	☐	Disinfectants, Surface Cleaners, and Polishes	☐	☐
Hazardous Materials (Hazardous Waste Disposal, Emergency Response, etc.)	☐	☐	Loud Noise	☐	☐
			Latex	☐	☐
Lead, Cadmium, Other Heavy Metals	☐	☐	Infectious Agents	☐	☐
Paint / Paint Products / Solvents	☐	☐	Other (list):	☐	☐
Pesticides	☐	☐			
Radiation	☐	☐			

Have you ever been hurt at work or had a work-related illness? ☐ Yes ☐ No ☐ Not Sure If yes, please describe the incident:

Do you have any chronic or recurring pain, limited motion, or numbness (e.g., neck, back, arms, wrists, hands, etc.)?
☐ Yes ☐ No ☐ Not Sure If yes, please describe:

Are you on any type of restrictions or limitations? Are there any activities, jobs, or tasks that your doctor says that you should not do?
☐ Yes ☐ No ☐ Not Sure If yes, please describe and are the restrictions: ☐ Temporary or ☐ Permanent

I confirm that the information I have given on this form and questionnaire is true to the best of my knowledge.

Patient Signature: _____ Date: _____ Time: _____

Relationship: ☐ Patient ☐ Closest relative (relationship) _____ ☐ Guardian/POA Healthcare

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

Reviewed by/Provider Signature: _____ Date: _____ Time: _____