

Michigan State University  
MSU Occupational Health  
Phone: 517.353.9137  
Fax: 517.355.0332  
East Lansing, MI  
48824-1037

Date: \_\_\_\_\_

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

Full Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone Number( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ ZPID# \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Supervisor \_\_\_\_\_ Department Phone Number \_\_\_\_\_

Regular Working Hours \_\_\_\_\_ Year Began Working at MSU \_\_\_\_\_

Were you ever an MSU Student?  Yes  No If yes, student number \_\_\_\_\_

Do you apply organophosphates or carbamates insecticides?  Yes  No If yes when: \_\_\_/\_\_\_/\_\_\_  
(Does not include thiocarbamate herbicides) month day year

Do you wear a respirator?  Yes  No

If yes, have you completed a respirator questionnaire?  Yes  No If yes, when? \_\_\_\_\_

List all organophosphates or carbamate insecticides, approximate amount and time last sprayed since your last blood test:

Name of Pesticide	Approximate Amount	Last Sprayed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

