Michigan State University
University Physician's Office
Occupational Health
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East Lansing, MI 48824-1037

Date: _____

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

Full Name_____
(No nicknames please) Last First Middle

Address_____
Street City State Zip Code

Sex: Male___ Female___ 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 |
|---|---|---|
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**FOR INDIVIDUALS WHO SPRAY OR HANDLE ORGANOPHOSPHATE OR CARBAMATE INSECTICIDES**

Are you bothered by any of the following symptoms?
If yes, indicate how 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 | NO □ | YES □ | □ | □ | □ | □ | □ |
| Dizziness | NO □ | YES □ | □ | □ | □ | □ | □ |
| Loss of appetite | NO □ | YES □ | □ | □ | □ | □ | □ |
| Weight loss without dieting | NO □ | YES □ | □ | □ | □ | □ | □ |
| Tiredness | NO □ | YES □ | □ | □ | □ | □ | □ |
| Skin rash | NO □ | YES□ | □ | □ | □ | □ | □ |