

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PID \_\_\_\_\_ UNC MRN \_\_\_\_\_

JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

BUILDING \_\_\_\_\_ PHONE \_\_\_\_\_

**HISTORY OF ILLNESS** *[The employee should provide information on the following: date of onset, severity (mild, moderate, severe), description of symptoms, when & where symptoms occur, relationship to work, if similar symptoms ever occur outside of work, if any co-workers have similar symptoms or complaints, what is thought to be causing the symptoms, what has been done to try to alleviate the problem, and if anything has helped.]*

**PAST MEDICAL HISTORY RE: ALLERGIES, ASTHMA, TREATING PHYSICIAN, ETC** *(include any medical conditions that are thought to be affected by the indoor air quality at work)*

**OVER→**

HEALTH AND SAFETY EVALUATION

PHYSICAL EXAM

DIAGNOSIS, RECOMMENDATIONS AND TREATMENT PLAN, INCLUDING WORK RESTRICTIONS, IF INDICATED

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Printed name of medical provider

tel #

signature

date