

WHEAT ALLERGY SCREEN QUESTIONNAIRE

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| EMPLOYEE NAME | |
| DATE OF BIRTH | |
| EMPLOYER | |
| POSITION | |
| DATE OF HIRE | |

GENERAL HEALTH SCREEN

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|--|-----|---|
| 1. Wheezing, asthma, bronchitis, or persistent cough | YES | NO |
| 2. Pneumonia, other lung infection, abnormal Chest X ray | YES | NO |
| 3. Hay Fever or sinus problems | YES | NO |
| 4. Shortness of breath, chest pain, heart trouble or rheumatic fever | YES | NO |
| 5. Difficulty swallowing | YES | NO |
| 6. Dermatitis, eczema, psoriasis, or skin problems | YES | NO |
| 7. Are you presently receiving treatment for a respiratory or allergy condition? | YES | NO |
| | | <p>Please provide details for any questions marked "YES"</p> <p>(General health section)</p> |

IMMUNOLOGIC SCREEN SECTION

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|--|---|----|
| 1. Do you have any allergies? | YES | NO |
| 2. Do you get rashes on your skin? | YES | NO |
| 3. Have you ever been diagnosed with asthma? | YES | NO |
| 4. Do you get eczema or atopic dermatitis? | YES | NO |
| 5. Does any member of your immediate family have | a. Eczema b. Seasonal allergies c. Drug allergies d. Asthma | |
| 6. Have you ever had contact skin reaction | a. Metals b. Grains c. Chemicals d. Other – please specify | |
| 7. Have you ever been diagnosed with hypersensitivity lung disease? | YES | NO |
| 8. Have you ever been diagnosed with interstitial disease? | YES | NO |
| 9. Have you ever been diagnosed with any other breathing disorder? | YES | NO |
| 10. Have you ever developed breathing problems from any of the following exposures: | a. Hay b. Grain c. Compost d. Trees / bark e. Birds or bird droppings f. Animal waste g. Animal pelts h. Pain i. Foams j. Metal fume k. Silica l. Coal m. Asbestos n. Resins o. None of the above | |
| 11. After working where there was dust, fumes, or vapors; have you experienced: | a. Dry cough b. Chest tightness c. Cough with phlegm d. Throat irritation e. Wheezing chest f. Sinus problems g. Stuffy nose | |

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| | | h. Ear popping |
| 12. Have you ever undergone allergy testing? | YES | NO a. Prick testing b. Skin patch testing |
| 13. Have you ever undergone breathing testing | YES | NO |
| 14. Have you ever undergone asthma testing with methacholine | YES | NO |
| 15. Have you ever had an abnormal chest x-ray | YES | NO |
| | | Please provide details for any questions marked "YES" (Immunological Screen section) |

MATERIAL HANDLING

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| Does your job entail handling any of the following materials? | <ul style="list-style-type: none"> a. Grains b. Anhydrous ammonia c. Fertilizer d. Insecticides e. Herbicides f. Fungicides g. Other – please specify |
| | Please provide details for any questions marked "YES" (Material handling section) |

PLEASE LIST ANY MEDICATIONS:

SIGNATURE: _____

DATE: _____