Korean Society of Occupational & Environmental Medicine Special Health Examination Revised Issue

Company:

Name:

※ Questions on Medical History (Patient History, Family History)

※ Please read the following questions and indicate with [**O**] for **current state**.

1. Have you been **diagnosed or are you currently taking medication for any of the following illnesses**?

Illness	Stroke	Heat disease (Myocardial infarction/ Angina pectoris)	High blood pressure	Diabetes	Dyslipidemia	Tuberculosis	Others (including cancer)
Diagnosis							
Medical treatment							

2. Have any of your **parents, brothers, or sisters died from the following illnesses**?

Illness	Stroke	Heat disease (Myocardial infarction/Angina pectoris)	High blood pressure	Diabetes	Others (including cancer)
Yes					

3. Are you a **hepatitis B virus** carrier? ① Yes ② No ③ Don't know

※ Smoking

4. Please read the following and indicate your **current status**.

4-1. Have you smoked more than five packs (100 sticks) of cigarettes over your entire life?

① No (☞ Go to question 5)

② Yes, but I have quit now (☞ Go to Question 4-2)

③ Yes, and I am still smoking (☞ Go to Question 4-3)

4-2. If you have **smoked in the past**, but have since quit:

How many years did you smoke before quitting?	Total _____years
How many cigarettes did you smoke a day before quitting?	_____cigarettes

4-3. If you are **still smoking:**

For how many years have you smoked?	Total _____years
How many cigarettes do you smoke a day on average?	_____Cigarettes

※ Alcohol

5. Please read the following and indicate your **current status**.

5-1. How often do you drink each week?

□0 □1 □2 □3 □4 □5 □6 □7

5-2. When you drink, **how much do you drink a day**? (※ Regardless of the type of alcohol)

(glasses)

※ Physical Activity (Exercise)

6. Please read the following questions and indicate **activities undertaken in the past week** with a '√' mark.

6-1. In the past week, how many days did you engage in intense physical activities that made you breathe much more heavily than normal for more than 20 minutes (i.e.: running, aerobics, fast-speed cycling, hiking, etc.)?

□0 □1 □2 □3 □4 □5 □6 □7

6-2. In the past week, how many days did you engage in medium-level physical activities that made you breathe a bit more heavily than normal for more than 30 minutes (i.e.: walking at a fast pace, tennis doubles, cycling at normal speeds, wiping the floor face down)? ※ Excluding physical activities related to answers in 6-1

□0 □1 □2 □3 □4 □5 □6 □7

6-3. In the past week, how many days did you walk for more than 30 minutes, and at least 10 minutes per occasion (i.e.: light exercise, including walking to and from work, or for leisure)?

※ Excluding physical activities related to answers in 6-1 and 6-2

□0 □1 □2 □3 □4 □5 □6 □7

※ Questions about symptoms related to target organs

7. Please respond relating to symptoms experienced in the past six months.

Body Part	Symptoms	Intensity		
		High	Medium	None
General	Lost appetite and weight			
	Feeling of fatigue often			
	Lumps felt in the body			
Skin	Itchy feeling or inflammations			
	Skin rashes			
	Changes to the hair, fingernails, or toenails			
	Skin becomes rough and cracked			
Eyes	Eyes are irritated and tear up more often			
	Eyesight worsening			
	Eyes become bloodshot or hurt			
Ears	Cannot hear clearly			
	Ringing in the ears			
Nose	Frequent nosebleeds			
	Runny or stuffy nose			
	Difficulties smelling			
Mouth	Bloody gums or canker sores			
	Difficulties tasting			
Digestive	I have felt a stinging pain in my stomach.			
	Metallic taste in my mouth			
	Constipation			
Cardiovascular/ Respiratory	Palpitation while working			
	Coughing and shortness of breath while working			
	Chest pressure			
	Coughing or spitting phlegm when waking up			
	Coughing when returning to work after a holiday			

Body Part	Symptoms	Intensity		
		High	Medium	None
Spine/Limbs	Arms, legs, and shoulder aches			
	Trembling or weak hands and feet			
	Hands and feet feeling numb			
	Fingers becoming white when cold			
	Back pain			
Mental/Nervous System	Headaches			
	Dizziness			
	Worsened memory and forgetfulness			
	Anxiety and restlessness			
	Head feels numb or feels as if I am drunk			
	Difficulties concentrating			
Urinary/ Reproductive	Difficulties urinating			
	Body swelling			
	Irregular menstruation			
	Experienced a miscarriage			

If you have had any other symptoms, please describe them in the field below.

*** Have you ever experienced health problems (physical problems) during work?** □ **Yes** □ **No**

*** Do you think that you have health problems due to the materials you handle at work?** □ **Yes** □ **No**

Doctor's Comments	