

FERMILAB BERYLLIUM MEDICAL QUESTIONNAIRE

Name: _____ Gender: Male ___ Female ___

Contractor _____ Date of Birth _____

Today's Date _____ Fermilab ID# _____

POTENTIAL BERYLLIUM EXPOSURE SYMPTOMS

Please check any of the following potential symptoms of beryllium exposure that you are experiencing:

Symptoms:	Yes	No	Comment:
Cough	___	___	_____
Chest pain	___	___	_____
Shortness of Breath especially With exertion	___	___	_____
Weight loss	___	___	_____
Fatigue	___	___	_____
Weakness	___	___	_____

Have you been told you have Sarcoid or Sarcoidosis/ Granulomatous Disease or Scarring?

Yes ___ No ___

If yes, explain: _____

Have you been told you have an ongoing lung disease?

Yes ___ No ___

If yes, what is the diagnosis: _____

Have you been told you have an abnormal chest X-ray(Tumor, Mass or other pulmonary lesions)?

Yes ___ No ___

If yes, explain: _____

Have you been told you have an abnormal pulmonary function test (breathing test)?

Yes ___ No ___

If yes, explain: _____

Comments: _____

