Residential History

Please fill in the following table with as much detail as possible

Dates in residence month & year, start with your most current residence, and going back as far as you can remember.	Location City, State, Zip (if possible)	City, suburb, rural, traffic (light moderate, heavy, agricultural/farming area, water damage, mold, natural gas cook stove or heat, wood heat, outdoor deck or wood play ground, attached garage?	Old or new home? (Year built, if possible)	Known Exposures* Pesticides yard or on pets, tobacco self or 2 nd hand, near commercial business or industry, self or family member work in industry using chemicals	Did you move out for health reasons? If so, please specify

Occupational History

Please fill in the following table with all jobs at which you have worked, including short-term, seasonal, and part-time employment. Start with your present job and work backwards.

Location (workplace name, city, state, and zip if possible)	Type of work/industry	Dates at occupation	Work hazards such as poor protective gear, poor ventilation, known chemical exposures