|  |  |
| --- | --- |
| **Name****Number** |  |
| **Work location** |  |
| **Age** | 15-30 | 30-45 | >45 |
|  |  |  |
| **sex** |  |
| **race** |  |
| **weight** |  |
| **height** |  |
| **Possible routes of exposure** | skin | inhalation | other |
|  |  |  |
| **Daily work times(hours)** |  |
| **Exposure periods (years)** |  |
|  |  |  |  |  |  |
| **Disease history** **time** | H.T. | D.M. | Thyroid disorder | Asthma | Others |
|  |  |  |  |  |
|  |  |  |  |  |
| **Drug history** |  |  |  |  |  |
|  |  |  |  |  |
| **Current smoking habits** |  |
| **Alcohol consumption**  |  |
|  |  |  |  |  |  |
| **Systolic blood pressure** |  |
| **diastolic blood pressure** |  |
| **Random blood glucose** |  |
| **BMI** |  |

**Table 1**