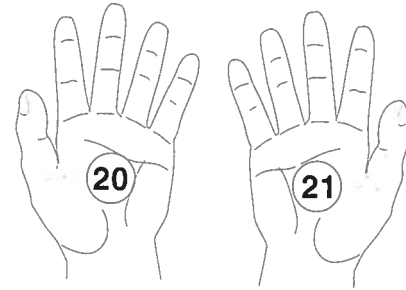
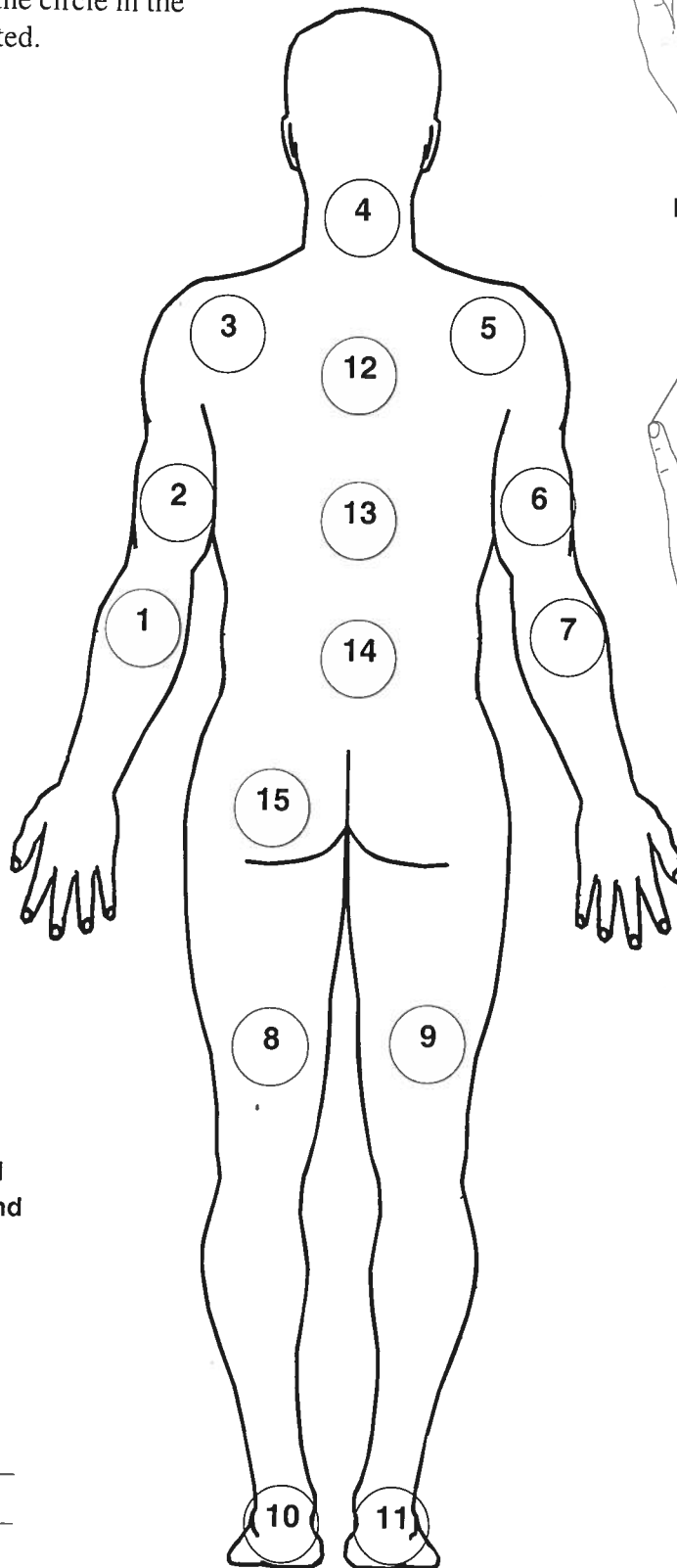


SAMPLE BODY MAP: ACHES & PAINS

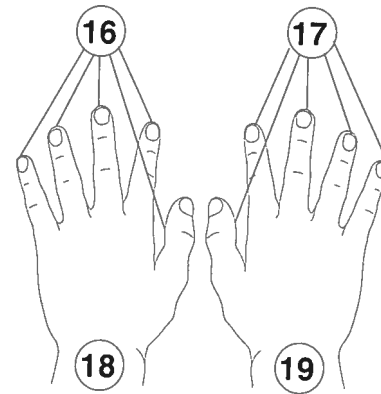
Have you had any pain or discomfort during the past year which you feel might have been caused or made worse by your work?

If YES, please shade the circle in the part of the body affected.



Left side

Right side



1. Left elbow
2. Left upper arm
3. Left shoulder
4. Neck
5. Right shoulder
6. Right upper arm
7. Right elbow
8. Back of left thigh
9. Back of right thigh
10. Left foot
11. Right foot
12. Upper back
13. Middle of back
14. Lower back
15. Buttocks
16. Fingers on left hand
17. Fingers on right hand
18. Left wrist
19. Right wrist
20. Left palm
21. Right palm
22. Other (please shade area and describe)

SAMPLE BODY MAP: CHEMICAL HAZARDS

