

Other personal care products: _____

Wears Makeup: Blush Mascara Face powder Eyelid powder/liner

Foundation/base Remover Concealer Lipstick/gloss/liner Moisturizer/cream

Toner/astringent Masque Cleanser Other: _____

Contact lenses: Saline _____ Lens cleaner(s): _____

Jewelry: Wear daily Wear weekends Wear seldom Wear special occasions

Type: Rings Watch Bracelet(s) Earrings Piercing(s) Necklace(s)

Metals: Gold Sterling Stainless steel Platinum Nickel plated Other _____

Tattoos: New Old Permanent Temporary Henna-based

Use Condoms/diaphragms: Daily Weekly Monthly Occasionally

Type: _____

Medical Devices: Implants _____ Stents _____

(including dental) Braces _____ Fillings _____

Crowns/Bridges _____ Other: _____

Employment History: Current employer: _____ Since (date): _____

Job title: _____ Since (date): _____

Job description: _____

Same employer at onset of dermatitis: Yes No; employer at onset: _____

Previous job description and duration: _____

Regular contact: Metals Dust Fibers Fluids Vibration/cold/heat

Solvents Fumes Chemicals Other: _____

Rarely Daily Weekly Monthly Other: _____

Describe work site: Factory Office Hospital Laboratory Construction

Agriculture Indoors Outdoors Other _____

Work Equipment: Gloves Boots Face shield Apron Mask/respirator

Overalls Badge Head covering Monitors Other _____

Symptoms at work: _____ Since (date): _____

Description of work when symptoms began: _____

Materials associated with this work: _____

Treatment/ Documentation at place of employment: _____

Effect of weekends/holidays/vacations: Improved No change Worse

Loss of work: No Yes, on dates: _____ Other workers with same problem No Yes

Previous compensation claims: No Yes, for _____

Second job: Full time Part-time Yes, as: _____

Job description: _____

Describe work site: Factory Office Hospital Laboratory Construction

Agriculture Indoors Outdoors Other _____

Symptoms at 2nd job: same different: _____ Since (date): _____

Notes: _____