



**BEAUFORT- JASPER – HAMPTON
COMPREHENSIVE HEALTH SERVICES, INC.**

NAME: _____

CHART #: _____

DOB: _____

DATE: _____

AGRICULTURAL STATUS

In the past two years, or prior to retirement/disability, have you or the head of your household:

1. Worked as an agricultural laborer in preparation and production, planting, tilling or harvesting crops grown on the land such as fruit and vegetables?

Yes (*farmworker continue to question 2*)

No (*stop*)

2. Moved to another area (established a temporary home) in order to perform agricultural labor?

Yes (*migrant farmworker*)

No (*continue to question 3*)

3. Worked in seasonal agricultural labor as your principal source of employment?

Yes (*seasonal farmworker*)

No

Patient/Guardian Signature

Date

Witness

Date