

# HEALTH CHECK CHART

## 1. General data

First name ..... Surname .....

 Personal identification number 

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Place of residence .....

Phone ..... E-mail .....

Job title .....

Employer's name .....

Main work related risk factors .....

Other work related risks .....

Nature of work (eg. sitting, standing, work with shifts, night work) .....

### Previous employers

Name of employer	Job title	Duration of employment	Occupational risk factors

## 2. Employee's statement of health

Do you suffer / have suffered from the following diseases:	No	Yes	Specify
pulmonary diseases			
tuberculosis			
cardiovascular diseases			
high blood pressure			
allergic diseases			
gastrointestinal diseases incl. ulcer, gallstones			
kidney and urinary diseases			
diabetes			
inflammation and diseases of the joints			
nerve inflammation			
bone fractures and other trauma			
syncope (loss of consciousness), epilepsy, seizures			
psychiatric disorders			
ear diseases			
chronic rhinitis, sinusitis (frontal or maxillary)			
eye diseases			
other diseases			
Do you take any medications regularly?			
Have you been sick or taken sick leave during the past year?			
Do you suffer from health problems that you think are related to your working duties or working environment?			
Have you been assigned limitations of work based on a health check?			
<b>How do you rate your health?</b>	<b>Good</b>	<b>Bad</b>	<b>Satisfactory</b>

I confirm that the information provided is correct:

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_