Kindly complete the below health questionnaire and make sure to bring when you come for your New Hire Medical Examination

HEALTH QUESTIONNAIRE

Last Name:

First Name:

Date of Employment Year Month Day

Date of Birth Year Month Day

Sex: ☐ Male (A) ☐ Female (B)

Primary Care Physician: Name

_____

Street _____

City _____State _____ Zip Code _____

Phone _____

City _____ State _____ Zip Code _____

Will you travel in the role you are hired for: ☐ YES ☐ NO?

If yes, please list the destinations:_____

		YES	NO
1.	Do you have any health conditions that require workplace accommodations or special assignments?	☐	☐
2.	Have you ever required hospitalization for physical, nervous or emotional condition(s)?	☐	☐
3.	Have you ever needed more than a week away from work and a doctor's care as a result of illness, injury or accident?	☐	☐
4.	Are you under a doctor's care now? Condition: _____	☐	☐
5.	Are you taking any drugs or medicines now? List: _____	☐	☐
6.	Please explain details of all "YES" answers to the above questions (use extra paper if needed):		

_____
_____
_____
_____
_____
_____

HEALTH REVIEW OF SYSTEMS

Do you have or have you had in the past any of the following? If yes, explain in space below.

	Yes	No		Yes	No
1 Severe/frequent headache/migraines (ophthalmic or migraine with aura). If yes, treatment?			27 Liver disease/jaundice/hepatitis		
2 Fainting/black-out			28 Rectal bleeding/hemorrhoids		
3 Seizures/epilepsy; date last crisis & treatment			29 Hernia		
4 Neurological symptoms: numbness, paralysis			30 Fractures/dislocations		

5 Head injury/loss of consciousness			31 Back injury/pain/problems		
6 Dizziness/lightheadedness			32 Upper or lower extremity problems		
7 Myopia (shortsightedness) Diopters? Laser surgery?			33 Stiff/painful joints or muscles		
8 Astigmatism			34 Breast masses (female)		
9 Glasses (spectacles) or contact lenses			35 Menstrual problems (female)		
10 Color vision defect			36 Kidney/bladder problems/blood in urine/ kidney stones		
11 Eye diseases/injury			37 Prostate/scrotal/testicular problems (male)		
12 Hearing loss/Tinnitus			38 Anemia/Hemoglobin abnormality		
13 Ear infections/injury			39 Easy bruising/abnormal bleeding. Clotting disorder		
14 High blood pressure. If yes: treatment?			40 Cancers/tumors		
15 Heart trouble/disease: Diagnose & Therapy? Heart artery & vessels surgery?			41 Frequent/chronic/severe infections		
16 Chest pain/Coronary heart disease			42 Allergies. If yes answer pls refer to nº53		
17 Shortness of breath during effort			43 Thyroid disorder		
18 Vein/artery problems: Varicose veins, Phlebitis, Deep venous thrombosis. Therapy?			44 Diabetes or other metabolic & hormonal disease / trouble		
19 Recurring respiratory infection/colds			45 Eating disorder		
20 Chronic cough/bronchitis			46 Eczema/rashes		
21 Wheezing/asthma. Strain asthma? Treatment:			47 Hives (French = urticaire)		
22 Lung diseases: e.g. Pneumonia, tuberculosis			48 Skin disease/irritation/sensitivity		
23 Indigestion/heartburn (gastric reflux)			49 Depression. Current medical treatment?		
24 Stomach/bowel ulcers/duodenal ulcers			50 Have you/had you difficulties coping with stress		
25 Inflammatory bowel disease			51 Treatment for an emotional issue (medical treatment, psychotherapy or hospitalization)		
26 Lactose/Gluten intolerance			52 Abuse/addiction to drugs, alcohol, psychoactive substances or medication		

53 if yes answer to allergies:
Please list all your allergens: -

	YES	NO
Hay fever	☐	☐
Asthma	☐	☐ If yes to Asthma pls specify medical treatment:_____
Other Rhino conjunctivitis	☐	☐
Skin allergies (contact allergy)	☐	☐ If yes, against what? _____
Hives	☐	☐
Food allergies	☐	☐ If yes, which food? _____
Medication allergies	☐	☐ If yes, which medicines? _____
Life threatening allergies	☐	☐ if yes, against what and do you have an emergency kit?

Explanation of numbered items marked "YES":

_____
_____
_____
_____

Please read and sign:

I hereby certify that I have answered the above questions to the best of my knowledge and that the answers are complete and true.

The information on this application is complete and correct to the best of my knowledge and belief. Providing false information during the employment process will lead to rejection or termination.

_____ _____
DATE SIGNATURE OF APPLICANT