

OCCUPATIONAL HEALTH RECORD

The information in this Occupational Health Record provides baseline information and indications to ensure the health and safety of health care workers and patients.

To be completed by applicant:

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name: _____ Health Card # _____

Sex assigned at birth: Female Male Birth Date (DD/MM/YYYY): ____/____/____

Address: _____ City/Town: _____ Postal Code: _____

Phone (H): _____ (C): _____ E-mail: _____

Job Title: _____ Designation (FT, PT, Casual, Term): _____

Department: _____ Work Site: _____

1. Have you been employed, volunteered or been a student with Nova Scotia Health in the past? Yes No

If yes, which zone? Eastern Northern Central Western

If yes, please name the facility: _____

If different from above, what was your name at that time? _____

2. Do you have any of the following? If yes, please explain:

Current and/or recurring (chronic) medical/health condition(s):

Yes No _____

Current medication(s):

Yes No _____

Any medical condition(s) that make you prone to infections:

Yes No _____

Past surgery:

Yes No _____

Past and/or present musculoskeletal injuries/problems (back, shoulder, neck, hand, wrist, hip, knee, etc):

Yes No If yes, did you seek treatment for your injury/problem? Please describe:

Past and/or present WCB claims:

Yes No If yes, what was the date of your clearance for full duties and full hours? _____

If yes, do you have any current limitations or restrictions? Please describe:

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Vision problem(s):

Yes No _____

Hearing problem(s):

Yes No _____

Skin condition(s):

Yes No _____

If your skin condition is on your hands, does the use of hand soap/sanitizers/gloves make this condition worse?

Yes No

3. Have you had any documented exposure to any of the following hazards without use of recommended Personal Protective Equipment (PPE) that caused an injury or illness? If yes, please explain:

Chemicals (e.g., lead, asbestos, solvents, hazardous drugs) Yes No

Noise Yes No _____

Radiation Yes No _____

4. Do you have allergies and/or sensitivities? If yes, please explain:

Latex Yes No _____

Drugs Yes No _____

Chemicals Yes No _____

Insect stings Yes No _____

Fragrance Yes No _____

Other: _____

Any anaphylactic allergies: _____

I understand that the Occupational Health Regulated Health Care Provider is collecting this information for the purpose of determining if my health and health history pose any limitations/restrictions that may interfere in my ability to perform the essential duties of a job that I have applied for. The Occupational Health Regulated Health Care Provider will keep all personal health information on this form confidential; only fitness to work information will be provided to my employer .

I understand that the Occupational Health Safety and Wellness Program is a Nova Scotia Health-wide Program and my Occupational Health file will be available provincially within Nova Scotia Health offices based on my work location.

I hereby declare that this information is true and complete to the best of my knowledge and that intentionally leaving out any relevant information may be grounds for immediate and automatic termination of employment.

Applicant Signature: _____ **Date:** _____

(DD/MM/YYYY)