

OCCUPATIONAL HEALTH RECORD

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

To be completed by applicant :

Last Name: _____ First Name: _____ Middle Name: _____
Preferred Name: _____ Health Card # _____
 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 (Eastern, Northern, Central, or Western Zones)?

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 that **could affect your performance in this job**? If "Yes", please explain.

Current and/or reoccurring (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 _____

Past and/or present WCB claims:

Yes No _____

Vision problem(s):

Yes No _____

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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 make this condition worse?

Yes No

3. Have you had exposure to any of the following hazards without use of recommended Personal Protective Equipment (PPE). If yes, please explain:

Chemicals 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 Yes No _____

I understand that the Occupational Health Nurse 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 Nurse 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)