Mount Sinai Hospital
Sinai Health System
Joseph & Wolf Lebovic Health Complex

Occupational Health & Safety
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HEALTH REVIEW—EMPLOYEE QUESTIONNAIRE

(Bring completed form to New Hire Orientation, or drop off at Occupational Health & Safety on your first day of work)

A. IDENTIFICATION

Last Name:	**First Name:**
Address:	**Telephone:** **Email:**
Job Title:	**Department:** **Manager:**

B. PERSONAL MEDICAL HISTORY

The following questions are important to identify any health conditions that could be affected by potential exposure to workplace hazards.

Have you ever received medical treatment for the following? Please check all that apply:

- ☐ Back/neck injury or pain
- ☐ Upper limb (shoulder, elbow, wrist, hand) injury or pain
- ☐ Lower limb (hip, knee, lower leg, ankle, foot) injury or pain
- ☐ Visual problems
- ☐ Hearing problems
- ☐ Seizures/Loss of consciousness
- ☐ Hepatitis/HIV
- ☐ Respiratory problems
- ☐ Immunosuppression
- ☐ Latex allergy or other skin sensitivities
- ☐ MRSA/VRE

Have you ever had a work-related injury or illness? Yes ☐ No ☐ **If yes, please describe:**

_____

Do you have restrictions that require accommodation related to your personal safety in the event of an emergency evacuation? Yes ☐ No ☐ **If yes, please describe:**

_____

Do you have any skin conditions on your hands (symptoms like redness, open areas, cracks, dryness, itchy, burning, soreness) that may impact your ability to follow proper hand hygiene requirements?
Yes ☐ No ☐ **If yes, please describe:**

_____

Do you require accommodation to complete your essential job duties now? Yes ☐ No ☐ **If yes, please describe:**

_____

C. AUTHORIZATION

I hereby declare that this information is true and complete. I understand that all medical information provided by me will be kept confidential as per the MSH Confidentiality of Employee Information Policy. Should I have any need for accommodation due to an existing disability, the MSH Accommodation Policy and Disability Management Procedures will be followed.

EMPLOYEE SIGNATURE:_____ **DATE:**_____

Mount Sinai is committed to protecting your privacy. The personal information collected in this form is collected in accordance with the Occupational Health and Safety Act and the Workplace Safety and Insurance Act. It will be used and maintained by the institution for the intended purpose of providing you with Occupational Health, Safety and Wellness services. If you have any questions about the collection, use and disclosure of the information provided on this form, please email the OHS Department at ohsmsh@sinaihealthsystem.ca or call ext. 1572.