

## Health Rehabilitation Individual Report

## **Profile**

Employee Name fullname Employee ID employeeid

Company company Function/Business Unit function

Plant/Department department Division division

Section Section Date of Birth date\_birthday

Age age Service year service\_year

## Working background

years	Work	Service	Risk Factor	Do you	Year	Result of	Duration of	Workpla	Result of
	Description /	Year in	Related Work	have	of	Environme	Risk	се	Environm
		Current		workpla	Enviro	ntal	Exposure	environ	ental
		Position		ce	nment	Inspection	per Day	mental	Inspectio
				environ	al			monitori	n
				mental	Inspec			ng	Attachme
				monitori	tion			results	nt
				ng?					
1	I			l	l		1	l	l

11-Oct-2019 Page 1 of 3

## Health Check Report due to Risk Factor Related Work

Lleelth Cheek	Years							
Health Check	2015	2016	2017	2018	2019			
Health Check up hospital								
Abnormal Health Check Report								
- pulmonary function								
- audiogram								
- occupational vision								
- Imbalance of body chemistry								
Personal health problem or Chronic diseases in the ear								
Smoking Record								
Environment report								

11-Oct-2019 Page 2 of 1