

雇用前健康调查表

请尽量配合完成此调查表全部内容。

ThoughtWorks 的目的是为每个特定的工作指定最好的候选人，所以我们依照一个医学评估来确认你能满足工作的需要。通常，这个医学评估以此健康调查表为依据而建立。需要指出的是，有些时候，我们需要一份身体检查报告。

ThoughtWorks 将会对合格者与有缺陷者一视同仁，关于调查表中任何与缺陷有关的信息只是将会协助我们决定是否作出适当且合理的调整。全部信息将会被严格保密。

请积极配合完成下列调查

姓名： 性别：

出生日期： 电话：

病史

完成下列表格中的问题。如果答案为“是”，请提供日期，病假及治疗等详细情况作为补充。

是否患过以下疾病？

	是	否	详细情况
视觉障碍/眼科疾病(色盲等)			
听觉障碍			
严重焦虑，抑郁或其他精神方面的混乱			
昏迷、惊厥、麻痹、癫痫症或其他神经系统疾病			
经常性头痛、偏头痛			
心脏病、高血压、高血脂等心血管疾病			
气喘，支气管炎，肺结核或其他呼吸系统疾病			
胃炎、胃溃疡等其他消化系统疾病			
肝炎等肝功能疾病			
肾或膀胱等泌尿系统疾病			
妇科疾病			
风湿、关节炎、颈肩痛、腰腿痛等功能			

障碍运动系统疾病			
糖尿病，甲状腺或其他内分泌系统疾病			
花粉及药物过敏			
任何传染性疾病			
对免疫系统造成损害的任何传染性疾病			
疝气			
酒精或药物依赖			
身体检查或心智方面的任何其他重要遵医嘱疾病而未在上述提出。			

你是否

	是	否	详细情况
在医院或诊所接受过任何手术或特殊治疗？			
在过去 2 年内有超过 20 天的病假缺席？			
身体留有畸形、缺损、后遗症等？			
遭受过职业病或意外事件伤害？			
在过去一年中接受过胸透 X 光检查？			

健康状态陈述

	是	否	详细情况
你目前有接受任何药物或医生治疗吗？			
你是否有除了视力矫正问题之外的视觉障碍？			
你是否有听觉障碍？			
你是否存在演讲或沟通方面的障碍？			
你是否存在任何其他的健康问题影响你已经申请的职位？			

声明:

1. 本人声明，所提交的信息真实准确，并无任何其他隐瞒。
2. 本人了解可能会被要求参加身体检查。
3. 本人了解任何提交的信息如果有隐瞒或错误，一旦被发现与事实不符，可能造成我的雇佣合同的终止。

签名：_____

日期：_____

Confidential

Pre-Employment Medical Questionnaire

Please fill out all required fields.

To ensure that the right staff are in the right place at ThoughtWorks, a medical evaluation is required to confirm whether you meet the requirements for a certain position. The medical evaluation is generally established on the basis of this Medical Questionnaire. Please note that sometimes a medical examination report is also required.

ThoughtWorks will treat the people who pass the physical examination and those who have physical defects equally without discrimination. Any information about defects in the questionnaire will only be used to help us decide whether to make appropriate and reasonable adjustments. All information will be kept strictly confidential.

Please fill in the general information

Name: _____

Gender: _____

Date of birth: _____

Phone number: _____

Medical history

Please complete the following questions. If your answer is “Yes”, please provide the details such as date, sick leave and therapy as supplementary.

Have you suffered from any of the following diseases?

	Yes	No	Details
Visual impairment/Ophthalmic diseases (color blindness, etc.)			
Hearing disorder			
Severe anxiety, depression or other mental confusion			
Coma, convulsions, paralysis, epilepsy or other nervous system diseases			
Recurrent headaches and migraine			
Heart disease, hypertension,			

hyperlipemia and other cardiovascular diseases			
Asthma, bronchitis, tuberculosis or other respiratory diseases			
Gastritis, gastric ulcer and other digestive diseases			
Hepatitis and other liver function diseases			
kidney, bladder or other urinary system diseases			
Gynecological diseases			
Rheumatic, arthritis, neck and shoulder pain, low back pain and other dysfunctional motor system diseases			
Diabetes, thyroid or other endocrine system diseases			
Pollen and drug allergy			
Any infectious diseases			
Any infectious diseases that cause damage to the immune system			
Hernia			
Alcohol or drug dependence			
Any other important prescribed diseases related to physical examination or mental condition			

Have you

	Yes	No	Details
received any surgery or special treatment in a hospital or clinic?			
taken a sick leave of more than 20 days in the past two years?			
had physical deformities, defects, sequelae, etc?			
suffered from an occupational disease or accidental injury?			
taken a chest X-ray in the past year?			

Health condition description

	Yes	No	Details
Are you receiving any drug therapy or medical treatment?			
Do you have visual impairments other than vision correction?			
Do you have hearing impairment?			
Do you have any obstacles in speech or communication?			
Do you have any other health issues that affect the position you have applied for?			

Statement

4. I hereby declare that the information submitted is true and accurate without any concealment.
5. I understand that I may be required to take a physical examination.
6. I understand that any submitted information, if concealed or incorrect, may result in the termination of my employment contract if found to be inconsistent with the facts.

Signature:_____

Date:_____