

# BACKGROUND QUESTIONNAIRE

Surname, first name	
ID Type, Number	
Date of birth	
Address, city	
Telephone	
Exam Date	

## CURRENT JOB DATA

Current Employer					
Position held					
Time in office	months	Fixed?		Eventual?	
Country where you will work?			Date of travel?		
Shift Scheme	¿2:3?		¿3:3?		Other?
The work involves:	food [ ] Op. Cranes [ ] ERT [ ] INU [ ]				

## EMPLOYMENT HISTORY

Employer	Country	Charge	Time	¿Offshore?

## PREVIOUS DETAILS CERTIFICATIONS

Date/provider of the most recent OEUK medical exam	
Date/provider of the most recent training assessment	
Date of the next FOET/BOSIET exam.	

## HEALTH HABITS

Smoking/Vaping	Currently [ ]	Did he leave it? [ ]	Quantity /day	Time/years
Alcohol consumption				
Leisure-time physical activity	Which one?	Frequency	/week,	duration hours

## OCCUPATIONAL MEDICAL HISTORY

Occupational diseases		
Workplace accidents		
Medical evacuations		
Missed trips		
Previous OEUK exams	Deferred [ ]	Restricted [ ]

## CURRENT MEDICAL HISTORY

Current Medical Diagnoses	
Undiagnosed symptoms	
Actual or planned recurring appointments	
Current medication	

## MEDICAL HISTORY

Hospital admissions	
Surgeries	
Chronic diseases	
High blood pressure	
Cardiovascular disease	
Neurological disease	
Anxiety/depression	
Alcohol use disorder	
Substance abuse	
Asthma	
COPD	
Pneumothorax	
Diabetes	
Thyroid disorder	

Addison's disease	
Peptic ulcer	
Inflammatory bowel disease	
Pancreatitis	
Liver disease	
Limb amputation	
Arthritis	
Joint replacement	
muscle pain, myalgias	
Back pain, Low back pain	
Dermatitis	
Kidney disease, stones	
Blood disorders, anemia	
Organ transplantation	
Cancer	
Infectious disease: TB, HIV	
Hearing loss	
Dizziness/vertigo	
Perforation of the eardrum	
Visual impairment	
Caries dental	
Allergic Disorders	
Immunodeficiency	
Current pregnancy	
Self-perception of disability	
Classification as disabled	
I certify that the above information is correct:	
Signed .....Employee:	