|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPRESA CONTRATANTE** |  | | | | | | | | |
| **No Historia Clínica** |  |  |  |  |  |  |  | **FECHA** |  |

|  |
| --- |
| Tipo de Examen: Ingreso: Retiro: Periódico: Post. Incapacidad: Reubicación: |

1. IDENTIFICACIÓN

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.Nombre | | | | | | | | | | | | | | | | 2. Documento No. | | | |
| **3. Sexo** | | | **4. Edad** | | | **5. Estado civil** | | | | | | **6. Escolaridad** | | | | | | | |
| M | | F |  | | | S | | C | UL | V | D | Analf | | | Prim | Sec | | Téc | Univ |
| 7. Procedencia | | | | |  | | | | | | | | | 8. Cargo | |  | | | |
| 9. Antigüedad en el cargo (años) | | | | |  | | | | | | | | | 10. Antigüedad en la empresa (años) | |  | | | |
| **11. Factores de riesgo ocupacional en el cargo actual (Encerrar en un círculo el código correspondiente, máximo tres)** | | | | | | | | | | | | | | | | | | | |
| **Riesgos Físicos**  110 Ruido  121 Presiones altas  122 Presiones bajas  130 Iluminación inadecuada  140 Vibración  151 Temperaturas con frío extremo  152 Temperaturas con calor extremo  153 Humedad  161 Radiación ionizante  162 Radiación no ionizante  **Riesgos Biológicos**  200 Biológicos  **Riesgos químicos**  310: Químicos por material particulado  320: Químicos por vapores o líquidos o gases | | | | | | | | | | | | | | **Riesgos de seguridad**  410: Seguridad por incendio o explosión  420: Seguridad por eléctricos  430: Seguridad personal  440: Seguridad por instalaciones  450: Seguridad por mecánicos  460: Seguridad por manejo de vehículos  470: Seguridad por almacenamiento  **Riesgos ergonómicos**  510: Ergonómicos por postura inadecuada  520: Ergonómicos por manejo de cargas  530: Ergonómicos por movimientos repetitivos  **Riesgos Psicosociales**  610: Psicosociales de la tarea  620: Psicosociales de la organización  630: Psicosociales de la persona  **700: Otro riesgo** | | | | | |

1. ANTECEDENTES FAMILIARES

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PATOLOGIA | **P** | **M** | **HN** | **AB** | **HI** | **PATOLOGIA** | **P** | **M** | **HN** | **AB** | **HI** |
| H.T.A. |  |  |  |  |  | Epilepsia |  |  |  |  |  |
| Enf.Coronaria |  |  |  |  |  | Alcoholismo |  |  |  |  |  |
| A.C.V. |  |  |  |  |  | TBC |  |  |  |  |  |
| Diabetes |  |  |  |  |  | Varices |  |  |  |  |  |
| Asma |  |  |  |  |  | Cáncer |  |  |  |  |  |
| Alergias |  |  |  |  |  | Otra |  |  |  |  |  |

|  |
| --- |
| Observaciones: |

**P:** PADRE **M**: MADRE **HN**: HERMANO **AB**: ABUELOS **HI**: HIJOS

1. ANTECEDENTES PERSONALES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SI** | **NO** |  | SI | **NO** |  | **SI** | **NO** |  | **SI** | **NO** |  | **SI** | **NO** |
| Congénitos |  |  | Gastrointestinales |  |  | Quirúrgicos |  |  | Tumorales |  |  | Vivienda Adecuada |  |  |
| Infecciosos |  |  | Genitourinarios |  |  | Traumáticos |  |  | Ictericia |  |  | Hacinamiento |  |  |
| Ojos |  |  | Neurológicos |  |  | Transfusiones |  |  | Hernias |  |  | Agua Potable |  |  |
| Oídos |  |  | Dermatológicos |  |  | Venéreos |  |  | Urolitiasis |  |  | Alcantarillado |  |  |
| Nasofaringe |  |  | Osteomusculares |  |  | Siquiátricas |  |  | Lumbalgia |  |  |  |  |  |
| Cardiacos |  |  | Alérgicos |  |  | Endocrinos |  |  | H.T.A. |  |  |  |  |  |
| Pulmonares |  |  | Tóxicos |  |  | Vasculares |  |  | Otros |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Prestó servicio Militar | | | | | | |  | Fecha | | |  | Tiempo de servicio | |
|  |  | Sí |  |  | No |  | | D | M | A |  | Años | Meses |

1. ANTECEDENTES TRAUMÁTICOS

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Secuelas | Sí |  | No | Cuáles |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sí |  | No | Cuáles |  |

1. ANTECEDENTES GINECO OBSTETRICOS

|  |  |
| --- | --- |
| M: años; Ciclo: x ; FUM: / / | FUCitología: Resultado: |

|  |
| --- |
| Paridad: G P A C V M E ; Planificación: Dismenorrea: |

|  |
| --- |
| Último examen de seno: Resultado: |

1. ANTECEDENTES DE HÁBITOS TÓXICOS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Fumador | | Sí | |  | | No | | Frecuencia | |  | | | Años de consumo | | |  | |  | Exfumador | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consumo de licor: | | Sí | |  | | No | | Frecuencia: | | Diario | |  | Semanal | |  | Quincenal |  | Mensual | | |  | Ocasional | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Tipo de licor: Consumo de sustancia psicoactivas: |

1. ANTECEDENTES DE ACTIVIDADES EXTRALABORALES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hábitos** | **Sí** | **No** | **Frecuencia** | | | | **Hábitos** | **Sí** | **No** | **Frecuencia** | | | | | **Hábitos** | **Sí** | **No** | **Frecuencia** | | | | |
| **D** | **S** | **Q** | **M** | **D** | **S** | **Q** | | **M** | **D** | **S** | **Q** | | **M** |
| Agricultura |  |  |  |  |  |  | Construcción |  |  |  |  | |  |  | Fútbol |  |  |  |  | |  |  |
| Ganadería |  |  |  |  |  |  | Of. domésticos |  |  |  |  | |  |  | Ciclismo |  |  |  |  | |  |  |
| Modistería |  |  |  |  |  |  | Cerámica |  |  |  |  | |  |  | Tejo |  |  |  |  | |  |  |
| Mecánica |  |  |  |  |  |  | Baloncesto |  |  |  |  | |  |  | Gimnasio |  |  |  |  | |  |  |
| Carpintería |  |  |  |  |  |  | Natación |  |  |  |  | |  |  | Pesas |  |  |  |  | |  |  |
| Peluquería |  |  |  |  |  |  | Voleibol |  |  |  |  | |  |  | Atletismo |  |  |  |  | |  |  |

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| Observaciones: |

1. Antecedentes OCUPACIONALES

Exposiciones anteriores (iniciar por el cargo más reciente)

|  |  |  |  |
| --- | --- | --- | --- |
| **Empresa** | **Duración** | **Cargo** | **Factores de riesgo** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. ANTECEDENTES DE ACCIDENTE DE TRABAJO

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Fecha | | |
| Anexar modificaciones en relación con el último examen médico realizado el |  | D | M | A |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Área** | **ARP** | **Fecha** | **Tipo de lesión** | **Parte afectada** | **Incapacidad** | | | | | **Secuelas** |
|  |  | **D/M/A** |  |  |  |  |  |  |  |  |
| Sí | No |
|  |  |
|  |  | **D/M/A** |  |  |  |  |  |  |  |  |
| Sí | No |
|  |  |

|  |
| --- |
| Observaciones: |

1. ANTECEDENTES DE ENFERMEDAD PROFESIONAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Área** | **ARP** | **Diagnóstico** | **Fecha** | **Secuelas** |
|  |  |  | **D/M/A** |  |
|  |  |  | **D/M/A** |  |

|  |
| --- |
| Observaciones: |

1. EXAMEN FISICO

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Peso  (Kgrs) |  | Talla  (Cms) |  | IMC |  | Biotipo |  | Circunferencia del carpo |  | TA  Sistólica |  | TA  Diastólica |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | P |  | M |  | G |  |  |  |  |  |  |

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| Dominancia |  | Estado general |  | Temperatura  corporal |  | Frecuencia Cardiaca |  | Frecuencia Respiratoria |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D |  | Z |  | A |  |  | Bueno |  | Regular |  | Malo |  |  |  |  | X Minuto |  | x Minuto |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| **PARTE DEL CUERPO** | | | **N** |  | **A** |  | **NE** | **Especifique o Amplié (Solamente hallazgos anormales)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | |
| Cabeza - Cara |  | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Ojos | Párpados | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Conjuntiva | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Pupilas | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Córnea | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Fondo de ojo | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Motilidad | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Agudeza visual | |  |  |  |  |  |  | Visión cercana | | | Visión lejana | | | | | |
|  |  |  | Sin Lentes | Con Lentes | | Sin Lentes | | | Con Lentes | | |
|  | | | | | | | | | | | | | | | | |
| Forias | |  |  |  |  |  | OD |  |  | |  | | |  | | |
|  | | | | | | | | | | | | | | | | |
| Visión Cromática | |  |  |  |  |  | OI |  |  | |  | | |  | | |
|  | | | | | | | | | | | | | | | | |
| Estereopsis | |  |  |  |  |  | AO |  |  | |  | | |  | | |
|  |  | | | | | | | | | | | | | | | | |
| Oido | C. Auditivo Externo | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Tímpano | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Nariz | Tabique | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Cornetes | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Senos paranasales | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Boca | Labios | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Lengua | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Faringe y amigdalas | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Dentadura | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Tórax | Rs cardiacos | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Rs Respiratorios | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| G. mamarias | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Abdomen | Masas | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Hernias | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Cicatrices | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Genital | Hernias y otros | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Vascular | Varices | |  |  |  |  |  |  | | | | | | | | | |
| Cifosis | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Columna | Escoliosis | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Otro(s) | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Extremidades | Superiores | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Inferiores | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Osteomuscular | Posición estática | **N** | |  | **A** |  | **NE** | Posición dinámica | | | **N** | |  | **A** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Cabeza | **N** | |  | **A** |  | **NE** | Cuello | | | **N** | |  | **A** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Hombros | **N** | |  | **A** |  | **NE** | Tórax y abdomen | | | **N** | |  | **A** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Codo | **N** | |  | **A** |  | **NE** | Muñeca | | | **N** | |  | **A** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Extremidades superiores | **N** | |  | **A** |  | **NE** | Extremidades superiores | | | **N** | |  | **A** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Rodillas | **N** | |  | **A** |  | **NE** | Tobillos | | | **N** | |  | **A** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Observaciones |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Neurológico | Pares craneanos | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Reflejos | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Fuerza | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Sensibilidad | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Coordinación | |  |  |  |  |  |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Signo de Laségue | **+** | |  | **-** |  | **NE** | Laségue invertido | | | **+** | |  | **-** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Signo de Finkelstein | **+** | |  | **-** |  | **NE** | Signo de Flick | | | **+** | |  | **-** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Signo de Tinel | **+** | |  | **-** |  | **NE** | Signo de Phalen | | | **+** | |  | **-** | |  | **NE** |
|  | | | | | | | | | | | | | | | | |
| Prueba de pinza | **+** | |  | **-** |  | **NE** | Test del torniquete | | | **+** | |  | **-** | |  | **NE** |
| Observaciones: | | | | | | | | | | | | | | | | |
| Psiquiátrico |  | |  |  |  |  |  |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
| Piel y faneras |  | |  |  |  |  |  |  | | | | | | | | | |

N= Normal A= Anormal NE: No Examinado

1. EXAMENES DE LABORATORIOS Y PARACLINICOS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LABORATORIO | **Día** | **Mes** | | **Año** | | **N** | |  | | | **A** | |  | | **NE** | OBSERVACIONES | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cuadro Hemático |  | |  | |  | |  | |  |  | |  | |  | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parcial de orina |  | |  | |  | |  | |  |  | |  | |  | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hemoclasificación |  | |  | |  | |  | |  |  | |  | |  | | A |  | B |  | AB |  | O |  | Rh | + |  | - |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Otro(s) |  | |  | |  | |  | |  |  | |  | |  | |  | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARACLÍNICOS | **Día** | **Mes** | **Año** | **N** |  | **A** |  | **NE** | RESULTADO/OBSERVACIONES |
|  |  | | | | | | | | |
| Audiometría |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |
| Examen .Optométrico |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |
| Espirometría |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |
| Otro(s) |  |  |  |  |  |  |  |  |  |

1. IMPRESIONES DIAGNÓSTICAS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DIAGNÓSTICO | | **Código CIE** |  | DIAGNÓSTICO | **Código CIE** |
|  |  | | | | |
| 1. | |  |  | 2. |  |
|  |  | | | | |
| 3. | |  |  | 4. |  |
|  |  | | | | |
| 5. | |  |  | 6. |  |

1. CLASIFICACIÓN OSTEOMUSCULAR SEGÚN SIGNOS Y SÍNTOMAS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GRADO 0 | Ausencia de signos y síntomas | |  | Grado 1 | Dolor en reposo y/o existencia de sintomatología sugestiva |
|  | |  | | | |
| GRADO 2 | Grado 1 más contractura y/o dolor a la movilización | |  | Grado 3 | Grado 2 más dolor a la palpación y/o percusión |
|  | |  | | | |
| GRADO 4 | Grado 3 más limitación funcional evidente clínicamente | |  |  |  |

1. RECOMENDACIONES GENERALES Y LABORALES

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1. CONCEPTOS DE APTITUD

**EXAMEN DE INGRESO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Apto | Sí |  | No |  |
|  | | | | |
|  | | | | |
| Apto con limitaciones que no interfieren con el trabajo | Sí |  | No |  |
|  | | | | |
|  | | | | |
| No apto temporalmente, aplazado | Sí |  | No |  |
|  | | | | |
|  | | | | |
| Requiere exámenes complementarios | Sí |  | No | Cuál(es): |
|  | | | | |
|  | | | | |
| No apto para el trabajo que aspira | Sí |  | No |  |
|  | | | | |

|  |
| --- |
| Restricciones: |

**EXAMEN PERIODICO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Satisfactorio | Sí |  | No |  |
|  | | | | |
|  | | | | |
| Se debe reasignar funciones, reubicar, analizar puesto de trabajo | Sí |  | No |  |
|  | | | | |
|  | | | | |
| Secuela de accidente de trabajo | Sí |  | No |  |
|  | | | | |
|  | | | | |
| Signos de enfermedad profesional | Sí |  | No | Cuál(es): |
|  | | | | |

**EXAMEN MÉDICO DE RETIRO**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Satisfactorio | Sí |  | No |  |
|  | | | | |
|  | | | | |
| Con limitaciones que deben ser valoradas por su EPS | Sí |  | No |  |
|  | | | | |
|  | | | | |
| Secuela de accidente de trabajo | Sí |  | No |  |
|  | | | | |
|  | | | | |
| Signos de enfermedad profesional que deben ser valoradas por su EPS | Sí |  | No | Cuál(es): |
|  | | | | |

Certifico que todo lo registrado en esta historia es verídico y que no he omitido información relacionada con mi estado o antecedentes de salud. Acepto los resultados y conceptos del presente examen, los cuales podrán ser utilizados en caso necesario, para cualquier certificado de la empresa y a solicitud de las autoridades judiciales y demás personas determinadas en la Ley que lo soliciten. En todo caso, autorizo expresamente a SYSTEM INTEGRAL GROUP LTDA o a cualquier entidad competente para que verifique, en caso de ser necesario, la información suministrada por mí

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| **Nombre y firma Médico ESO**    **Registro médico No.** |  | **Firma del aspirante o trabajador**  **CC No.**  **ACEPTO EL ANTERIOR EXAMEN Y AUTORIZO AL MEDICO PARA**  **ENVIARLO AL EMPLEADOR.** |

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HOJA DE EVOLUCIÓN MÉDICA

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|  | No. Historia Clínica |  |

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| **FECHA** | | | **MOTIVO DE CONSULTA – HALLAZGOS - OBSERVACIONES** | **FIRMA DEL TRABAJADOR/CC** |
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