

OCCUPATIONAL AND ENVIRONMENTAL SAFETY & HEALTH (OESH)

NOTE: The following information is required to ensure your safety and welfare at work

**CONFIDENTIAL PERSONAL, WORK AND HEALTH QUESTIONNAIRE
FOR ELECTIVE RESIDENTS AND FELLOWS**

Elective Area: _____

Date of Start of Elective: _____ Date of End of Elective: _____

PERSONAL INFORMATION	
Surname:	_____
Given Name:	_____
Previous Surname:	_____
Date of Birth (D/M/Y):	_____
Address in Winnipeg:	_____
City/Postal Code:	_____
Home PH:	_____
Other PH (Cell):	_____
E-mail:	_____
Health # Province/State/Country	Number
_____	_____

- List all known allergies: _____
- Do you have any physical or emotional health needs that may impact on your ability to do the job you've been hired for? _____

- Do you have a history of dermatitis, eczema or any other skin problems? Yes No
- For the past month have you had persistent cough, shortness of breath, undesired weight loss or night sweats? Yes No
If yes, please describe: _____
- Is there anything about your health that you would like to discuss? _____

Elective Resident Fellow's Signature_____
Date (D/M/Y)_____
Occupational Health Nurse's Signature_____
Date (D/M/Y)