Hennick Bridgepoint Hospital
Sinai Health

OCCUPATIONAL HEALTH & SAFETY
1 Bridgepoint Drive, Rm G.057
Toronto, Ontario M4M 2B5
Tel.: (416) 461-8252 ext. 2802 Fax: (416) 470-6725
Email: ohs.hbh@sinaihealth.ca

HEALTH REVIEW—EMPLOYEE QUESTIONNAIRE

(Must be provided to the Occupational Health & Safety Department no later than 12:00pm (noon) on the Thursday prior to your start.)

A. IDENTIFICATION

Last Name:	First Name:
Address:	Tel: (Home) Tel: (Department)
Job Title:	Department: Manager:

B. PERSONAL MEDICAL HISTORY

The following questions are important to identify any health conditions that could be affected by potential exposure to workplace hazards.

Have you ever received medical treatment for the following:

YES	NO		YES	NO	
☐	☐	Back/neck injury or pain	☐	☐	Hepatitis/HIV
☐	☐	Upper limb (shoulder, elbow, wrist, hand) injury or pain	☐	☐	Respiratory problems
☐	☐	Lower limb (hip, knee, lower leg, ankle, foot) injury or pain	☐	☐	Immunosuppression
☐	☐	Visual problems	☐	☐	Latex allergy or other skin sensitivities
☐	☐	Hearing problems	☐	☐	MRSA/VRE
☐	☐	Seizures/Loss of consciousness			

Have you ever had a work-related injury or illness? Yes ☐ No ☐ **If yes, please describe:**

Do you require accommodation to complete your essential job duties now? Yes ☐ No ☐ **If yes, please describe:**

Do you have restrictions that require accommodation related to your personal safety in the event of an emergency evacuation? Yes ☐ No ☐ **If yes, please describe:**

Do you have any skin conditions on your hands (symptoms like redness, open areas, cracks, dryness, itchy, burning, soreness) that may impact your ability to follow proper hand hygiene requirements?
Yes ☐ No ☐ **If yes, please describe:**

C. AUTHORIZATION

I hereby declare that this information is true and complete. I understand that all medical information provided by me will be kept confidential as per the Sinai Health Confidentiality of Employee Information Policy. Should I have any need for accommodation due to an existing disability, the Sinai Health Accommodation Policy and Disability Management Procedures will be followed.

EMPLOYEE SIGNATURE:_____ **DATE:**_____

Sinai Health is committed to protecting your privacy. The personal information collected in this form is collected in accordance with the Occupational Health and Safety Act and the Workplace Safety and Insurance Act. It will be used and maintained by the institution for the intended purpose of providing you with Occupational Health & Safety services. If you have any questions about the collection, use and disclosure of the personal information provided on this form, please email the Occupational Health & Safety department at ohs.hbh@sinaihealth.ca or call 416-461-8252 ext. 2802.