Health Checklist to take to Doctors Office

Patient's name: ___________________________  Student ID: ___________________________

Doctor's name: ___________________________

Please discuss the following with your patient:
Building Service Workers are exposed to various chemicals, lifting 50 lb. on several occasions during a shift, on their feet for long periods of time and do repetitive motions.

1. Do you have any allergies? Yes / No
   If yes, what are you allergic to? ___________________________
   How do you react to allergic substances? ___________________________

2. Recent surgery: Yes / No
   If yes, please specify: ___________________________

3. Do you have a history of:
   Back problems? Yes / No  Repetitive strain injury? Yes / No
   Joint problems? Yes / No  Chronic Skin Condition? Yes / No

4. Do you have a disability that may prevent you from:
   Standing/walking for long periods of time? Yes / No
   Lifting 50 lbs.? Yes / No
   Doing repetitive moves? Yes / No
   Pushing and pulling? Yes / No

If you answered yes to any questions in section 3 or 4, please explain:
___________________________________________________________________________
___________________________________________________________________________
I have discussed all of the requirements listed on this form with my patient and certify that this person
does not have any issues with the above criteria, is in good physical condition, and fully able to fulfill the
duties of a Building Service Worker.

Signature:__________________________________________

Date:__________________________________________

Physician office stamp or business card:

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