azb
arbeitsmedizinisches zentrum basel

Medical questionnaire - SUVA-Check-up FB2124

Family name, First name: ..... **Date of birth:** .....

Employer: ..... **Line manager:** .....

Function: ..... **Location / building:** .....

Shift-workt	☐ no	☐ yes, which type? .....
Forklift operator	☐ no	☐ yes
Pilot in emergency cases	☐ no	☐ yes
Member of the fire brigade	☐ no	☐ yes

Since the last SUVA-examination gone through . . .

severe diseases	☐ no	☐ yes, which? .....
severe accidents, injuries	☐ no	☐ yes, which? .....
surgeries	☐ no	☐ yes, which? .....

Actual health situation

Work-related disorders	☐ no	☐ yes, which? .....
Other disorders	☐ no	☐ yes, which? .....
Well-being?	☐ no	☐ yes
Chronic diseases	☐ no	☐ yes, which? .....
Is you working ability limited currently?	☐ no	☐ yes
Do you wear glasses/contact lenses?	☐ no	☐ yes ☞ ☐ distance ☐ proximity
ladies: are you pregnant?	☐ no	☐ yes
Do you do sports	☐ no	☐ yes
Do you smoke?	☐ no	☐ yes, what and how much? .....
		☐ no - stopped, when? .....
Alcoholic beverage?	☐ no	☐ yes, what, how much and how often? .....
Do you consume drugs?	☐ no	☐ yes, what, how much and how often? .....
Please mention ALL medication that you take actually - including "the pill"	☐ no	☐ yes, which? ....

Organ-related questions

Respiratory system

Chronic bronchitis	☐ no	☐ yes	Conjunctivitis	☐ no	☐ yes
Asthma, paroxysmal dyspnoea	☐ no	☐ yes	Affection of the nose/sinuses	☐ no	☐ yes
Hay fever	☐ no	☐ yes	Sore throat	☐ no	☐ yes
Tuberculosis	☐ no	☐ yes	Laryngitis	☐ no	☐ yes

Heart / Circulatory system

Angina pectoris	☐ no	☐ yes	Irregular pulse	☐ no	☐ yes
Heart palpitations	☐ no	☐ yes			

Nervous system

Headache	☐ no	☐ yes	Loss of consciousness, Epilepsy	☐ no	☐ yes
Increased fatigabilityt	☐ no	☐ yes	Dizziness	☐ no	☐ yes
Sleep disorders	☐ no	☐ yes	Psychic disorders / Depression	☐ no	☐ yes
Difficulties with concentration	☐ no	☐ yes	Amyosthenia	☐ no	☐ yes
Light-headedness	☐ no	☐ yes	Paraesthesia	☐ no	☐ yes
Memory disorders	☐ no	☐ yes			

please turn over

Abdominal organs

Loss of weight	☐ no	☐ yes	Gastric disorders	☐ no	☐ yes
Absence of appetite	☐ no	☐ yes	Stomach ache	☐ no	☐ yes
Acid regurgitation / pyrosis	☐ no	☐ yes	Diarrhea	☐ no	☐ yes

Skin

Alterations of the skin	☐ no	☐ yes	Neurodermatitis	☐ no	☐ yes

Location, Date: Signature: