UNIVERSITEIT GENT

Health & Safety at work
Department Occupational Health

Medical Questionnaire for Students - Confidential

Name and Surname: _____ **Date of birth:** ____/____/_____

Future Practice Provider and starting date: _____

_____

Have you ever been seriously ill or hospitalized? ☐ No ☐ Yes
If so, when and for which diseases and/or operations?

_____
_____
_____

Did you ever suffer from accidents (fractures, dislocations, brain concussions)?
If so, when and which? ☐ No ☐ Yes

_____
_____
_____

Did you ever suffer from psychological problems like depression, attention- or behavioral disorders,…)? If so, when and which? ☐ No ☐ Yes

_____
_____
_____

Do you currently have health issues ? ☐ No ☐ Yes
If so, which ?

_____
_____
_____

Do you suffer from muscle- or jointproblems? Back- or neckpain? ☐ No ☐ Yes

Do you have allergies or skin problems? If so, which? ☐ No ☐ Yes

_____
_____

Do you take medication or are you being treated for something?
If so, which and what for? ☐ No ☐ Yes

_____
_____

For women: are you currently pregnant? ☐ No ☐ Yes

Do you regularly exercise or sport? ☐ No ☐ Yes
If so, how often and/or how many hours per week?

_____

<u>Vaccinations</u> : please provide (at least) the necessary info related to the risk of infection at your work place (see also Risk Assessment)

Have you been vaccinated against **hepatitis B and/or hepatitis A**? ☐ No ☐ Yes

If yes, note all dates of vaccination. (*For students in Medicine, Dentistry or if you will be working in a prison, please provide a lab protocol with results of antibody determination*)

1e Dose: 3e Dose:

2e Dose: 4e Dose:

Anti-HBs titer: _____ mlU/ml

When was your last vaccination against **tetanus**? _____

When was your latest vaccination against **whooping cough** ? _____

Did you ever suffer from **tuberculosis** ? ☐ No ☐ Yes

Did you ever had a **BCG vaccination** ? ☐ No ☐ Yes

Did you ever had a positive reaction to a **tuberculin skin test**? ☐ No ☐ Yes

Did you ever had **mumps, measles and/or rubella** or were you vaccinated against them?

(2 vaccines) ☐ No ☐ Yes

Are you vaccinated against **rabies**? ☐ No ☐ Yes

(2 vaccines – only for Veterinary Medicine students)

Use of Alcohol

☐ No	☐ Yes. Average number of glasses per week: <10, 10-20, >20

Smoking

☐ No	☐ Yes. Occasionally – Daily: …. cigarettes/day

Other addictive substances

☐ No	☐ Yes. Which and how often:

Declared as true, at *(place)*_____ on *(date)* ____/____/_____

The student, *(signature)*_____

(*) Your data will be treated confidentially as a part of the medical examinations in relation to Health & Safety regulations on employees as stated in the Codex of the Belgian Legislation.

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