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| **Medical questionnaire Healthcare trainees – Confidential (\*)** |

**Surname:**……….……………………………………………………………………………………………………………………

**First name:** ………………………………………………………………………………………………………………………….

**Date of birth:** …..…../………../………… **Gender: M / F**

**Address**……………………………………………………………………………………………………………………..……….

………………………………………………………………………………………………………………………………………...

**Telephone number:** ……………………………………………………………………………………………….………………

**Nationality:** ……………………………… ………………… **Social security number:** ……………………………………

Have you ever been seriously ill? (accident, operation, admitted to hospital,…) YES/ NO

If yes, please state each illness, operation, accident, … below:

…………………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………………...

Do you have an allergy? YES/ NO

If yes, to what? ………………………………………………………………………………………………………………

Are you allergic to latex? YES/ NO

Do you have a skin complaint? YES/ NO

If yes, what kind? …………………………………………………………………………………………..………………………..

Do you have any injuries on your hands? YES/ NO

If yes, what is the cause? ………………………………………………………………………..…………………...

Do you have any back pathology? YES/ NO

If yes, what kind? ..……………………………………………………………………………………………………………..

Do you currently have any back complaints? YES/ NO

Do you suffer any pains in the joints and/or muscles? YES/ NO

If yes, give detail?……………………………………………………………………………………………………………...

Did you have rubella as a child YES/ NO/ DON’T KNOW

or have you been vaccinated? YES/ NO/ DON’T KNOW

Have you been vaccinated against the measles? YES/ NO/ DON’T KNOW

Have you been vaccinated against the mumps? YES/ NO/ DON’T KNOW

Have you already been vaccinated against hepatitis B / hepatitis A? YES/ NO

If yes, state all dates when vaccinations were given and bring along lab protocol with results of the titter check

1st Dose ……………………………………………………………………………………………………………………….

2nd Dose ……………………………………………………………………………………………………………………….

3rd Dose ……………………………………………………………………………………………………………………….

4th Dose ……………………………………………………………………………………………………………………….

Anti-HB’s ……………………………………………………………………………………………mlU/ml

Measured on: …..…../………../…………

When were you last vaccinated against tetanus? …..…../………../…………

When were you last vaccinated against whooping cough? …..…../………../…………

Have you ever had tuberculosis? YES/ NO

If you ever had an intradermal tuberculin injection, was there a reaction? YES/ NO

Are you pregnant? YES/ NO

Are you being treated with medication that suppresses the immunological defence mechanism? YES/ NO

The undersigned declares to have completed this questionnaire truthfully

Date: …..…../………../………… Signature:

**PLEASE BRING THIS QUESTIONNAIRE WITH YOU TO THE MEDICAL EXAMINATION!**

(\*) Your details will be treated in the strictest confidence and form part of our monitoring of preventative health and well-being among employees under the Welfare Act and its implementing decisions in the Codex.

**Processing of Personal Data in accordance with the General Data Protection Regulation (or ‘GDPR’)**

Mensura processes the requested Personal Data in conformity with the General Data Processing Regulation.

Mensura acknowledges the importance of the principle of minimal data processing; namely, that Mensura shall only request and process the Personal Data that are required in order to provide our services.

In connection with the service medical monitoring, Mensura relies on the statutory obligation of your employer to engage an external service provider for the lawful processing of your Personal Data. This is done to achieve the objective of promoting well-being within the organisation. As an external service, Mensura is bound by the Welfare at Work Code and its implementing orders; in which the services provided by an external service are defined by law.

The legal processing of the Personal Data is therefore founded on Sections 6.1.c) and 9.2.b) and h) of the GDPR.

The processed Personal Data can – with regard to medical monitoring – be sent to the following third parties: treating physician (with permission of the employee), advising physician of the health insurer, the employer and Fedris.

The processed Personal Data will be retained for a period of at least 40 years.

As a data subject, you have the following rights with regard to your Personal Data in the context of this General Data Protection Regulation: the right of access, the right to rectification, the right to erasure or restriction of processing, as well as the right to object to the processing and the right to data portability.

If you have any questions concerning the manner in which you can exercise these rights as against Mensura, or how Mensura processes your Personal Data, we would be happy to refer you to our Privacy Policy (<https://www.mensura.be/nl/privacy-policy>) or to our Data Protection Officer ([Privacy@mensura.be](mailto:Privacy@mensura.be)).