

Please return to WKH 211LFH RI WKH 5HJLVWUDU

Drop-off or mail: 6 -1000 KLO Road, Kelowna BC, V1Y 4X8

Email: DGPLV@kelowna.bc.ca



Health Checklist to take to Doctors Office

Patient name: \_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_

I have discussed all of the requirements listed on this form with my patient and certify that this person does not