

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 Web: 777(s)-t.024(e)1.777(d).006(i)5(n.996(i)5(t)-12.89 34.46B)4.347(ac.0

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