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EMPLOYEE ANAMNESIS FORM (ver 1.6)

SURNAME_____ NAME_____ DATE OF BIRTH_____

CITY OF BIRTH_____ TELEPHONE_____

STREET_____ CITY _____

Height cm ___ Weight Kg ___ Smoke ☐No ☐Yes cigarettes a day ____ Alcohol ☐No ☐Yes ____ Coffee ☐No ☐Yes __

Diet ☐free ☐vegetarian ☐other_____ **Sleep** ☐regular ☐insomnia **Physical act.** ☐poor ☐regular ☐intense

Mail: _____ Previous work 1) _____ for years _____

2) _____ for years _____ 3) _____ for year_____

Accidents at work ☐No ☐Yes year and description _____

_____

Invalidity ☐No ☐Yes % _____ Description _____

Tetanus vaccination ☐No ☐Yes Last recall (indicative year) _____

Surgical interventions : ☐tonsils ☐appendix ☐inguinal hernia ☐other _____

Fractures: ☐arm ☐leg ☐vertebrae ☐other _____

Diseases: ☐diabetes ☐high blood pressure ☐heart disease ☐ asthma/chronic bronchitis ☐stroke

☐arthrosis site_____ ☐brain circulation ☐leg circulation ☐Parkinson's ☐cholesterol

☐other_____

_____ Pregnancy n°_____

Therapy in progress: _____

_____

Allergies: ☐none ☐dust ☐pollen ☐antibiotics ☐aspirin ☐other _____

Hospital admissions:

year_____ reason_____

year_____ reason_____

year_____ reason_____

Date_____ Signature _____