

NUS Worker Health Management Questionnaire (WHMQ)

NUS is committed to ensuring a safe and healthy work environment for all staff in line with Total Workplace Safety & Health which is a national initiative by [Workplace Safety and Health Council](#). As part of this commitment, the information shared in this questionnaire will provide the attending physician a more holistic understanding on staff's individual health factors and better advise him/her, if necessary, on better health management, so that health does not affect work and work does not affect health, leading to healthier and better staff well-being.

SECTION A - PERSONAL INFORMATION			
Name:		NRIC/Passport No./FIN:	
Mobile number:	Date of birth:	Age (at last birthday):	
Gender: Male / Female	Height (cm):	Weight (kg):	
Nationality:	Singapore PR: Yes / No	Race:	
Email Address:		Smoker: Yes / No	
Department hired in NUS (as per Letter of Appointment):		Job Title (as per Letter of Appointment):	
SECTION B - MEDICAL HISTORY TO BE COMPLETED BY APPLICANT		Y	N
1. Have you ever been prescribed medications or hospitalised for the following conditions: <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart disease <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Chronic lung conditions			
2. Are you currently on medications for asthma or have any past history of severe asthma attack?			
3. Have you ever had any work-related health condition, e.g. noise-induced deafness, work-related back and/or musculoskeletal problems or occupational skin diseases?			
4. Have you ever had any painful and/or swollen joints, back problems or surgeries for past fractures?			
5. Do you have any other significant medical conditions e.g. past surgeries, Hepatitis B/C, severe allergic reactions, etc.?			
SECTION C - NATURE OF WORK ACTIVITIES (please tick accordingly)			
Research / teaching laboratory work <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Radiation <input type="checkbox"/> Animal work <input type="checkbox"/> Others (please specify): _____		<input type="checkbox"/> Working with machines and tools (e.g. in workshops, etc.)	
<input type="checkbox"/> Office (deskbound/clerical) work		<input type="checkbox"/> Security Officer duties	
<input type="checkbox"/> Physical labour (lifting, carrying of equipment or other heavy load, work at heights, confined space, etc.)		<input type="checkbox"/> Conducting surveys in hazardous environments (e.g. construction sites, plant rooms, etc.)	
<input type="checkbox"/> Field Work (e.g. mountain climbing/diving/jungle trekking, etc.)		<input type="checkbox"/> Other official duties (e.g. vocational driving, etc.) (please specify): _____	
SECTION D - EMPLOYEE CONSENT			
By submitting this form, I consent to my attending doctor to disclose to the National University of Singapore any medical history the doctor assesses to be relevant to my work.			
Signature:		Date:	