Personal medical questionnaire
additional medical interventions

(PMQ AMI)

idewe
OPTIMISING WORK ENVIRONMENTS

You can find out who your occupational doctor is by clicking the link below and using your e-ID, a joint initiative between the external services https://www.seed-connect.be/. You are always entitled to a consultation without appointment from your occupational doctor to discuss work-related health issues.

Employer name: _____

Employee social security ID number: _____

Date of birth: _____

Surname: _____

First name: _____

Gender: ◯ M ◯ F ◯ X

Always choose the answer that best reflects your situation.					
	Excellent	**Very good**	**Good**	**Fair**	**Poor**
1. How would you judge your overall health?	◯	◯	◯	◯	◯
	0 days	**< 1 w**	**1 w - 1 m**	**1 m - 3 m**	**> 3 m**
2. For how many days in the last 12 months have you been ill?	◯	◯	◯	◯	◯
	Yes	**No**			
3. In the last 12 months, did you receive treatment for any of the following for the first time:					
a) epilepsy or fits	◯	◯			
b) diabetes	◯	◯			
c) heart disease or serious blood pressure issues	◯	◯			
d) loss of consciousness, coma	◯	◯			
e) abnormal tiredness or an urge to sleep while working	◯	◯			
f) any other serious illness	◯	◯			
	Never	**Rarely**	**Sometimes**	**Often**	**(Almost) always**
4. How many times in the last 12 months have you had an illness or injury which has prevented you from working?	◯	◯	◯	◯	◯
5. How many times in the last 12 months have you had a health issue caused or made worse by working?	◯	◯	◯	◯	◯

Always choose the answer that best reflects your situation.					
	Very satisfied	Somewhat satisfied	Neutral	Dissatisfied	Very dissatisfied
6. Thinking about your work generally: how happy are you with your job as a whole, all things considered?	○	○	○	○	○
	Never	Rarely	Sometimes	Often	(Almost) always
7. In the last 12 months, have you experienced pain or a feeling of pressure in your chest or around your heart?	○	○	○	○	○
8. In the last 12 months, have you experienced severe dizziness or problems with your balance?	○	○	○	○	○
9. How many times in the last 12 months have you had respiratory problems, such as a blocked nose, coughing, wheezing, tightness or shortness of breath, which may have been caused by exposure to chemical products, dust, smoke, or cold conditions at work?	○	○	○	○	○
10. How many times in the last 12 months have you had skin problems, such as redness, itching, dry skin or flakiness, which may have been caused by exposure to chemical products at work?	○	○	○	○	○
11. How many times in the last 12 months while/after working with vibrating, shaking or pulsating machinery have you experienced a tingling or feeling of numbness in your hands lasting for longer than 20 minutes?	○	○	○	○	○
12. How many times in the last 12 months have you had severe back pain requiring treatment while/after operating or using vibrating, shaking or pulsating machinery or vehicles?	○	○	○	○	○
	Never	Rarely	Sometimes	Often	(Almost) always
13. How many times in the last 12 months have you had severe pain, weakness or restricted movement requiring treatment (which you believe was caused by your work) in your:					
a) shoulders?	○	○	○	○	○
b) elbows?	○	○	○	○	○
c) wrists?	○	○	○	○	○
d) fingers?	○	○	○	○	○

Always choose the answer that best reflects your situation.					
	Never	Rarely	Sometimes	Often	(Almost) always
14. How many times in the last 12 months have you had severe pain, weakness or restricted movement requiring treatment (which you believe was caused by your work) in your:					
a) hips?	○	○	○	○	○
b) knees?	○	○	○	○	○
c) ankles?	○	○	○	○	○
d) feet?	○	○	○	○	○
	Never	**Rarely**	**Sometimes**	**Often**	**(Almost) always**
15. How many times in the last 12 months have you had severe neck pain or stiffness requiring treatment and which you believe was caused by your work?	○	○	○	○	○
16. How many times in the last 12 months have you had severe back pain requiring treatment and which you believe was caused by your work?	○	○	○	○	○
17. How many times in the last 12 months have you felt anxious, pressured or stressed because of your work?	○	○	○	○	○
18. How many times in the last 12 months have you felt mentally exhausted (feeling "done in" or "empty") because of your work?	○	○	○	○	○
19. How many times in the last 12 months have you felt physically exhausted (tired body) because of your work?	○	○	○	○	○
	Yes	**No**			
20. In the last 12 months have you had an accident in which you have been jabbed, splashed or bitten?	○	○			
21. In the last 12 months have you had an infection, illness or allergic reaction which you believe was caused by your work?	○	○			
	Never	**Rarely**	**Sometimes**	**Often**	**(Almost) always**
22. How many times in the last 12 months have you had the following problems due to working shifts or at night:					
a) problems sleeping	○	○	○	○	○
b) abnormal tiredness and an urge to sleep while working	○	○	○	○	○
c) problems with digestion, e.g. stomach pain or bowel problems.	○	○	○	○	○

Always choose the answer that best reflects your situation.					
	Yes	No			
23. In the last 12 months, have you been given an implant (e.g. pacemaker, internal defibrillator, vascular clip, insulin pump, etc.) which may be sensitive to electromagnetic radiation?	○	○			
	Never	Rarely	Sometimes	Often	(Almost) always
24. How many times in the last 12 months have you had skin problems such as redness, itching, dry skin or flakiness which may have been caused by exposure to glass wool, rock wool or similar at work?	○	○	○	○	○
25. How many times in the last 12 months have you had respiratory problems such as a blocked nose, coughing, wheezing, tightness or shortness of breath caused by exposure to substances coming from plants or animals (grain powder, wood dust, ground flax, feathers, etc.) at work?	○	○	○	○	○
	Yes	No			
26. Do you want to be contacted by the occupational doctor about a specific work-related issue?	○	○			

Your answers will be recorded in your health file and the occupational doctor will be able to consult them.

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