



**Health Questionnaire for Third-Party Employees of UZH Working at a University Clinic**

To Third-Party Employees of UZH

To fully ensure your health and safety, we rely on information about your current health and your work-related activities.

The enclosed questionnaire supports this effort. We therefore request that you send us the completed form in the first two weeks of your employment at UZH together with a copy of your vaccination card and, if available, copies of earlier lab results on infectious diseases (hepatitis B titer, measles, mumps, rubella, varicella/chicken pox, tuberculosis blood test).

The questionnaire serves as the basis for a medical decision on whether measures to protect your health are necessary.

**Please send the completed questionnaire to:**

Arbeitsmedizin  
Safety, Security and Environment, University of Zurich  
Winterthurerstrasse 190  
8057 Zurich  
or by E-mail: [arbeitsmedizin@hin.uzh.ch](mailto:arbeitsmedizin@hin.uzh.ch)

**This questionnaire is treated confidentially. Only the occupational medical staff of the University of Zurich and the occupational medical staff the hospital of your employment has access to the information. Your answers are subject to strict doctor-patient confidentiality.**

We will send you a written statement on any planned measures (e.g. immunization; consultation; blood test) in the first 4 to 6 weeks of your employment.

**Personal Details** (upon beginning employment)

Last name	_____	First name	_____
Street address	_____	Postal code/city	_____
Home phone	_____	Date of birth	_____
Business phone	_____	E-mail	_____

**Questions about Your Job**

Begin of employment on	_____	until (estimate)	_____
Institute/clinic	_____	Department/group	_____
Address	_____	Position	_____
Employment contract	<input type="checkbox"/> UZH <input type="checkbox"/> Hospital	Other	_____
Do you have direct patient contact? If yes, what kind?		<input type="checkbox"/> no	<input type="checkbox"/> yes



Does your work require that you have contact with human blood, tissue, or body fluids?  no  yes

Does your work require that you have contact with animals? Which animals?  no  yes

Do you work in a laboratory with microorganisms? Which microorganisms?  no  yes

Does your work require that you wear a dosimeter?  no  yes

Please briefly describe your work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Professional and Health Background**

Previous jobs / education

Have illness, accident, or other complaints prevented you from performing your work, either partially or completely?  no  yes

If yes: Why? / When? \_\_\_\_\_  
 \_\_\_\_\_

Do you have an infectious disease?  no  yes

If yes: Which disease or diseases? \_\_\_\_\_

Have you been diagnosed with an immune deficiency, or do you regularly take immunosuppressant medications (e.g. cortison)?  no  yes

If yes: Please describe: \_\_\_\_\_  
 \_\_\_\_\_

What medications do you regularly take? \_\_\_\_\_

What allergies or skin diseases do you have? \_\_\_\_\_

Have you ever undergone an occupational medical examination with the medical services for staff at the hospital where you are employed?  no  yes

Do you agree the exchange of occupational health information between the medical services for staff at the hospital where you are employed and the occupational medicine of the UZH?  no  yes

**Comments**

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

Date \_\_\_\_\_ Signature \_\_\_\_\_