



# HEALTH ASSESSMENT FOR SEASONAL EMPLOYEES

## Information about the employee

**Name** (as shown on identity card or passport):

**First name(s) :**

**Date of birth:**

**Address** (street and number):

**Postcode:**

**Town:**

**Country:**

**Telephone:**

**E-Mail :**



## Information about the doctor

As part of this procedure, the doctor must absolutely provide the following personal information:

**Name** (as shown on identity card or passport):

**First name(s) :**

**Date of birth:**

**Specialty :**

**Address** (street and number):

**Postcode:**

**Town:**

**Country:**

**Telephone:**

**E-Mail:**



## Employer details

**Name:**

**First name(s):**

**Company name:**

**Address (street and number):**

**Postcode:**

**Town:**

**Country:**

**Telephone:**

**E-Mail:**

**In house job description (as far as available) :**



## Medical questions

**1. Has the person being examined suffered from or is suffering from heart, artery or vein disease (hypertension, heart attack, fainting spells with or without loss of consciousness, rhythm disorders, etc.)?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**2. Has the person examined suffered or is suffering from respiratory problems (asthma, etc.), allergies or lung disease (tuberculosis)?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**3. Has the person being examined suffered or is suffering from any disease of the abdominal organs (stomach, liver, intestines, etc.)?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**4. Has the person being examined suffered or is suffering from kidney or urinary tract disease (infection, calculus, etc.)?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**5. Has the person being examined previously suffered from or is suffering from a blood disorder?**

Yes                      No

**Is the person considered cured?**

Yes                      No



**6. Has the person being examined previously suffered or is suffering from a major/chronic contagious disease ?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**7. Has the person being examined previously suffered or is suffering from diabetes or a thyroid disorder ?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**8. Has the person being examined previously suffered or is suffering from a bone, joint or tendon disease, a fracture, the after-effects of a joint accident or back pain?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**9. Has the person being examined previously suffered or is suffering from a neurological disease (balance disorders: dizziness, loss of consciousness, epilepsy, sleep apnoea, brain tumour, etc.)?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**10. Has the person being examined previously suffered or is suffering from depression or another psychotic illness?**

Yes                      No

**Is the person considered cured?**

Yes                      No



**11. Has the person being examined previously suffered or is suffering from problems with the nose, throat, ears (tinnitus/acouphenes) or tongue?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**12. Has the person being examined already had an operation?**

Yes                      No

**Is the person considered cured?**

Yes                      No

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**13. as the person examined previously suffered or is suffering from any other illnesses not mentioned above?**

Yes                      No

**Is the person considered cured?**

Yes                      No

**Date :**

**Signature and stamp of examining doctor**

**NOTE**

**Copies not completed in full will not be accepted.**

**This examination form must be sent exclusively by e-mail to [seasonalwork@ms.etat.lu](mailto:seasonalwork@ms.etat.lu).  
Paper versions sent by post will not be accepted.**