

Sample Health Screening Questionnaire

Health hazards associated with participating in the response to the Ft. McMurray wildfire can include exposure to smoke, dust and particulates; carbon monoxide; heat stress; long working hours; strenuous work; physical injury and many others. This questionnaire is intended to identify whether workers have medical conditions that would put them at risk of a worsening health status as a result of participating in emergency response or cleanup efforts related to the Ft. McMurray wildfire.

If a worker answers yes to any of the below questions, ensure they get clearance from their personal physician or an occupational health professional prior to involvement in emergency response or cleanup efforts.

Date:	Last name:	First name:
Gender: M / F	Age:	Job title:
Phone:	Address:	
City:	Province:	Postal code:

Complete each item based on your best knowledge of your medical history.

	Yes	No
Would you have trouble with any of the following? <ul style="list-style-type: none"> • rapid deployment to any location upon short notice • separation from family and friends • personal security issues • sleep deprivation, time zone changes, and irregular sleep schedules • irregular quality, availability, and variety of meals • exposures to extremes of climate and altitude • limited availability of immediate medical care • lack of refrigeration or electricity for medications, medical supplies, or equipment • increased physical demands related to prolonged standing, walking, or exertion 		
Do you have any mobility limitations?		
Do you have a lung condition (e.g. asthma, COPD) that could be worsened by exposure to wildfire smoke and dust?		
Do you have heart disease (e.g. previous heart attack, heart rhythm problem, palpitations or skipping of your heartbeat) or are you being investigated for heart disease?		
Would you have chest pain or become excessively short of breath after climbing 2 flights of stairs?		
Do you have a medical condition which requires regular follow-up with a physician or access to health care resources?		
Do you have a medical condition which requires regular medication to manage (e.g. seizure disorder, insulin-dependent diabetes), for which you have concerns about getting an adequate supply of medication?		
Have you had problems wearing a respirator in the past, or do you have reason to believe you might have a problem with wearing a respirator?		
Have you ever been told of restrictions or conditions on your use of a respirator?		
Do you have problems wearing personal protective equipment (PPE)?		
Do you have a medical condition that could require emergency evacuation?		
For women, are you pregnant?		

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with Occupational Health and Safety legislation. The Crown, its agents, employees or contractors will not be liable to you for any damages, direct or indirect, arising out of your use of this form.