



NTNU	Targeted health check Identification of exposure	Prepared by	Number	Date	
		the HSE section	HMSRV-1301E	07.10.2013	
HSE		Approved by the Rector	Page 1 out of 3	Replaces 15.08.2007	

Date: \_\_\_\_\_

Navn: \_\_\_\_\_ Personal identification no.: \_\_\_\_\_

Department: \_\_\_\_\_ Regular GP: \_\_\_\_\_



**The form is to be filled in before the health check/consultation, and to be brought along to the appointment with the HSE section.**

**Tasks involving risk of exposure to factors associated with potential health hazard:**

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**Previous tasks involving risk of exposure to factors associated with potential health hazard:**

Time period	Employer	Position/type of work

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HSE		Approved by the Rector	Page 2 out of 3	Replaces 15.08.2007	

Put a cross in the respective shaded box(es) if you have suffered the listed type of exposure:

		Other substances; comment or specification of the exposure:
<b>Chemicals / gases:</b>	<input type="checkbox"/>	
Carcinogenic	<input type="checkbox"/>	
Solvents	<input type="checkbox"/>	
Mutagens / genetic hazards	<input type="checkbox"/>	
Reproductive hazards	<input type="checkbox"/>	
Other health hazards	<input type="checkbox"/>	
<b>Biological materials:</b>	<input type="checkbox"/>	
Human materials	<input type="checkbox"/>	
Live animals	<input type="checkbox"/>	
Soil	<input type="checkbox"/>	
Waste water	<input type="checkbox"/>	
<b>Organic dust:</b>	<input type="checkbox"/>	
Paper dust	<input type="checkbox"/>	
Hardwood dust	<input type="checkbox"/>	
Dust from animals, feed and bedding	<input type="checkbox"/>	
<b>Mineral dust particles and fibres:</b>	<input type="checkbox"/>	
Metallic dust particles	<input type="checkbox"/>	
Fumes	<input type="checkbox"/>	
Rock and sand dust	<input type="checkbox"/>	
Mortar and concrete	<input type="checkbox"/>	
Asbestos	<input type="checkbox"/>	
<b>Hot work:</b>	<input type="checkbox"/>	
Carbon arc chiselling	<input type="checkbox"/>	
Soldering	<input type="checkbox"/>	
Grinding	<input type="checkbox"/>	
Welding / hard soldering	<input type="checkbox"/>	
Thermal cutting / spraying	<input type="checkbox"/>	
<b>Radiation:</b>	<input type="checkbox"/>	
Ionising	<input type="checkbox"/>	
Visible/ invisible optical radiation	<input type="checkbox"/>	
Other radiation	<input type="checkbox"/>	
<b>Hazardous noise:</b>	<input type="checkbox"/>	

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**Put a cross in the shaded box:**

<b>Additional information about exposure:</b>	yes	no
Do you seek out/experience similar exposure outside work?		
Have you experienced any mishap/accident or near-accident in connection with your work?		
What happened, and when?		
What sort of personal protective gear is relevant to you?		
Is such relevant protective gear available?		
Do you wear/use such relevant protective gear?		

<b>Health data (the data will be treated as confidential information):</b>	yes	no
Are you suffering/have you suffered from any diseases/complaints that you ascribe to factors you are exposed to in your work environment?		
If yes, please specify:		
Has the disease/complaint resulted in absence from work?		
Do you suffer from allergy/hypersensitivity?		
If yes, please specify:		
Do you have asthma or other respiratory complaints?		
Do you have eczema or other skin problems?		
Are you on regular medication?		
If yes, please specify what, and what for:		
Do you have any problems related to the use of personal protective gear?		
If yes, please specify:		