Health Canada / Santé Canada

Occupational Health Assessment Report
Rapport d'évaluation de la santé au travail

Protected B (when completed)
Protégé B (une fois rempli)

HC File - Dossier SC

☒ **See Instructions on Page 2 - Voir instructions p.2**

☒ En. ☐ Fr. ☐ Blank page - Page vide

A. Initiating department - Ministère requérant

Reason for assessment - Motif de l'évaluation

- ○ Preplacement - Embauche
- ○ Fitness - Aptitude
- ◉ Health declaration / Déclaration de santé
- ○ Supplemental Retirement Benefits / Prestations supplémentaires de retraite
- ○ Periodic II - Périodique II
- ○ Retirement - Retraite
- ○ Periodic III - Périodique III
- ○ Election - Rachat
- ○ Self-declaration / Autodéclaration
- ○ Other: specify / Autre: préciser

PRID - CIDP

○ M ○ F

Surname - Nom de famille	Given names - Prénoms	D.O.B. - D.D.N. (yyyymmdd / aaaammjj)	Work Tel. - Tél. au travail

Other name - Autre nom de famille	Home email - Courriel à domicile	Home Tel. - Tél. à domicile

Home address - Adresse du domicile	City - Ville	Province	Postal Code Postal

Work email - Courriel au travail	Group, Level - Groupe, Niveau	Position No. du poste	OHAG group - Groupe du GEST
	EG-01	CASUAL	Section 3; Chapter IV

Job location - Lieu d'emploi	Job title - Description de l'emploi
	Research Assistant

Name of contact - Personne-ressource	Department - Ministère	Email of contact - Courriel de la personne-ressource
Madhavi Garikaparthi	Environment	madhavi.garikaparthi@canada.ca

Address, City, Postal code of contact - Adresse, Ville, Code postal de la personne ressource	Telephone - Téléphone	Fax - Télécopieur
P.O. Box 2310, Yellowknife, NWT X1A 2P7	(867) 669-4760	(867) 873-6776

Employer's comments - Remarques de l'employeur

Carrying heavy equipment; remote location; extreme weather conditions

Please return the completed form to: - Veuillez retourner le formulaire complété à:	HC Fax - Télécopieur SC
CWS Iqaluit; P.O. Box 1870, Iqaluit, NU X0A 0H0 ec.arif-ifra.ec@canada.ca	(867) 975-4645

B. Health examination performed by - Examen de santé effectué par :

Date

- ○ OHN-IST **HC-SC**
- ○ NP-IP **HC-SC**
- ○ OHN+MD-IST+MD **HC-SC**
- ○ MD **HC-SC**
- ○ External health professional / Professionnel de la santé externe

C. Reserved for Health Canada assessment - Réservé pour l'évaluation de Santé Canada

Meets medical requirements - Satisfait aux exigences médicales

☐ Missing medical information - Documents médicaux non reçus

- ○ Yes - Oui
- ○ Yes with comments - Oui avec commentaires
- ○ No - Non
- ○ Unable to assess - Sans conclusion

HC reviewing health professional remarks - Commentaires du professionnel de la santé de SC

Name of HC professional - Nom du professionnel de SC	Signature of HC professional - Signature du professionnel de SC	Date of HC assessment - Date d'évaluation par SC

Step 1: Check the reason for evaluation.
Step 2: Check the following boxes as applicable:
- Select English (EN) or French (Fr) to activate the questionnaire and physical exam portion of the form
- Select SCBA-ARA to assess an employee who must wear a self-contained breathing apparatus (SCBA) then complete the "Assessment of medical fitness to use a respirator" form
- Select "Blank page - Page vide" to obtain an additional page

Step 3: Complete section A - Boxes highlighted in red are mandatory
- For D.O.B. - D.D.N. type in numbers only (YYYYMMDD) then press the tab key.
- "Job description" and "OHAG category" are used to select the proper exams and tests that will need to be completed.
- Telephone: write numbers only. Writing 6135551212789 will be formatted (613) 555-1212-789

Step 4: Tests in Section F should be selected according to OHAG requirements.
Step 5: Print. Only single-side (simplex) printing is allowed. The double-sided option (duplex) has been disabled.
If you have Acrobat Professional, you may save a pre-completed copy of the form and use it as a template.
When completed with confidential information, this form is not to be stored or transmitted electronically (i.e. via email). Faxing the form to the regional Health Canada office is acceptable. If a secure *recipient* fax machine is not used, the sender should contact the recipient in advance of sending the fax to confirm the fax number and advise them of the number of pages to be transmitted; following reception, the Health Canada office should confirm that they have received the correct number of pages. The same process applies if Health Canada is the sender.

Étape 1 : Cocher le motif de l'évaluation.
Étape 2 : Cocher les cases suivantes au besoin:
- Cocher Anglais (EN) ou Français (FR) pour activer les formulaires du questionnaire et de l'examen physique
- Cocher SCBA-ARA si l'employé doit être évalué comme porteur d'appareil respiratoire autonome (ARA) puis compléter le formulaire « Évaluation de l'état de santé pour utiliser un respirateur »
- Cocher "Blank page - Page vide" pour obtenir une page blanche additionnelle

Étape 3 : Compléter la section A - Les boîtes encadrées de rouge sont obligatoires
- For D.O.B. - D.D.N. écrire seulement des chiffres (AAAAMMJJ) puis appuyer sur la touche TAB (tabulateur).
- La "description de l'emploi" et la "catégorie GEST" permettent de choisir les examens et tests requis pour ce type d'emploi.
- Téléphone : n'inscrire que des chiffres. Écrire 6135551212789 affichera (613) 555-1212-789

Étape 4: Les tests dans la section F devraient être choisis selon les exigences du GEST.
Étape 5 : Imprimer. Le mode recto seulement est permis. Le mode recto-verso est désactivé.
Si vous utilisez Acrobat Professionnel, vous pouvez sauvegarder une copie pré-complétée pour servir de modèle.
Lorsque complété avec de l'information confidentielle, ce formulaire ne doit pas être entreposé ou transmis par voie électronique (c.-à-d. par courriel). Il est permis de télécopier ce formulaire au bureau régional de Santé Canada. Si le télécopieur *de réception* n'est pas sécurisé, l'émetteur devra contacter le récepteur avant la transmission pour confirmer le numéro du télécopieur ainsi que le nombre de pages à transmettre; après la réception, le bureau de Santé Canada devra confirmer la réception du nombre de pages attendu. Le même processus s'applique si Santé Canada est l'émetteur de la télécopie.

Definitions - Définitions

Preplacement - Embauche	Medical assessment prior to employment or placement to determine whether the candidate meets the essential requirements of the position. Évaluation médicale préalable à l'affectation ou au placement pour déterminer si le/la candidat/e rencontre les exigences essentielles du poste.
Periodic II - Périodique II	Periodic health evaluation done by an occupational health nurse in order to determine whether the employee continues to meet the essential requirements for the position. Évaluation de santé périodique faite par un/e infirmier/ère en santé au travail afin de déterminer si l'employé/e continue à rencontrer les exigences essentielles du poste.
Periodic III - Périodique III	Periodic health evaluation (medical history, physical exam and assessment) done by a qualified health professional in order to determine whether the employee continues to meet the essential requirements for the position. Évaluation de santé périodique (antécédents médicaux, examen physique et évaluation) faite par un professionnel de la santé qualifié afin de déterminer si l'employé/e continue à rencontrer les exigences essentielles du poste.
Fitness - Aptitude	A Fitness to Work Request is designed to determine if an employee is medically fit to safely perform the tasks of a specific job or has a medical condition that would result in limitations. Une demande d'évaluation d'aptitude au travail vise à déterminer si un/e employé/e est médicalement apte à effectuer les tâches d'un travail spécifique de façon sécuritaire ou si il/elle a une condition médicale qui imposerait des restrictions.
Retirement - Retraite	Medical assessment to determine whether the employee meets the definition for retirement on medical grounds due to permanent disability. Évaluation médicale pour déterminer si l'employé/e rencontre la définition de retraite médicale en raison d'une incapacité permanente.
Election - Rachat	Medical assessment to determine whether the employee meets the criteria for the election of past services in order to increase pensionable service. Évaluation médicale pour déterminer si l'employé/e rencontre les critères pour le rachat d'années de service afin d'augmenter les droits à une pension.
Health declaration Déclaration de santé	Declaration of personal health status by employee going to areas which are isolated and/or remote or which have harsh environmental conditions. Déclaration de l'état de santé personnelle par un/e employé/e se rendant dans des régions isolées ou éloignées ou ayant des milieux hostiles.
Self-declaration Auto déclaration	Declaration of personal health status by employee as per Occupational Health Assessment Guide requirements. Déclaration de l'état de santé personnelle par un/e employé/e selon les exigences du Guide de l'évaluation de la santé au travail.
Suppl. retirement - Prestations suppl.	Medical assessment of retired employees from the Armed Forces and RCMP for supplemental benefits. Évaluation médicale des employés des Forces armées et de la GRC à la retraite pour des prestations supplémentaires.
Other - Autre	Examples: HINT and SAINT, Audiogram (for noise hazard exposed employees). Exemples : HINT et SAINT, Audiogramme (employés exposés aux bruits dangereux).

Surname - Nom de famille	Other name - Autre nom de famille	Given names - Prénoms	D.O.B. - D.D.N.	File No. de dossier

C To be completed by the employee

- Separate forms to be completed for employee and each dependent, including spouse.

I am being posted to	My work assignment will be	located at

Please check the appropriate boxes and statements below:

☐ **Isolated and remote (including dependents)**
OHAG Section 3.1

General

1. Local prevalence of disease must be taken into account when giving advice on immunization, e.g. the prevalence of tuberculosis and Hepatitis B is high among the Inuit population.
2. Conditions in the North may be surprisingly sophisticated in the larger centres. In smaller communities, people have to be more self-reliant – making their own entertainment, being able to relate easily to a smaller group from whom they can choose friends and associates. People who are going to the North "to find themselves" typically do not do well.
3. For those people going above the Arctic Circle, they should be aware that the hours of darkness in winter and of daylight in summer are very long. Most people adapt to this quickly and without any difficulty, a few find it very tiring and occasionally some people find it intolerable.

Health considerations

1. Disease or condition which could require urgent and immediate medical attention.
2. Active and severe mental or emotional disorder.
3. Conditions which require repeated and frequent medical or dental follow-up visits.
4. A Tetanus immunization every 10 years.

☐ **Harsh environmental conditions (excluding rescue operations)**
OHAG Section 3.4

General

This category includes such occupations as Trail crews, Park Wardens, Hydrometric Survey Technicians and others whose work requires from time to time that they be exposed to a physically hostile environment. In the performance of their duties, these workers may be exposed to severe weather conditions, harsh terrain, remote locations away from medical care, poor and unhygienic living conditions (e.g. tents) for extended periods.

Health considerations

1. Disease or condition which could require urgent and immediate medical attention.
2. Muscle strength needs to be adequate to permit the heavy physical work required during the normal performance of the job, including lifting and carrying heavy objects.
3. Heart and lung status should be sufficient to withstand the physical job-related requirements, harsh weather conditions and occasional high altitude environment. Symptoms suggestive of heart and lung problems include angina, tightness in chest, irregular heart beat, shortness of breath, and symptoms with exercise.

I have the following health problems that should be reviewed by the Public Service Occupational Health Program:

List all prescribed and over the counter medications, with dosages:

If harsh environmental conditions and heavy physical activity apply, please complete the following:

☐ Yes	☐ No	1. Do you have a history of heart problems, heart attacks, angina or other heart conditions?
☐ Yes	☐ No	2. Do you ever experience chest pain, tightness or discomfort?
☐ Yes	☐ No	3. Do you ever experience irregularities in your heart rhythm?
☐ Yes	☐ No	4. Have any of your immediate family members (mother, father, brother or sister) had heart problems before the age of 60?
☐ Yes	☐ No	5. Do you exercise regularly?
☐ Yes	☐ No	6. Do you get abnormal or excessive shortness of breath with exertion?
☐ Yes	☐ No	7. Do you have any other symptoms when exercising?

Certification and Consent

I certify that the information given by me is true and complete. I consent that the Public Service Occupational Health Program may provide my employing department with an evaluation on whether I meet the medical requirements for posting to an isolated and remote area and, if indicated, a region with harsh environmental conditions. I understand that no confidential medical information will be released without my explicit written consent. I agree to report any significant change in my health that may require a review by the Public Service Occupational Health Program to my employer.

Employee's Signature	Date

Health Canada is authorized to collect the personal information on this declaration under the Department of Health Act. The personal information may be used by Health Canada to inform your employer of your fitness to work, medical and/or vaccination status, and for administrative, internal audit, statistical, and invoicing purposes. Personal information may be referenced by Health Canada medical personnel should you undergo a subsequent Occupational Health Assessment or Fitness To Work Evaluation. If the information is not provided, Health Canada will not conduct the medical assessment. The description and use of the personal information can be found in the Personal Information Banks PCE 701 (Occupational Health Medical Records), PCE 702 (Public Service Health Medical Advisory Committee), PCE 703 (Health Unit Files) and/or PSE 901 (Employee Personnel Record). You may request access to, and correction of, your personal information, held in Health Canada files in accordance with provisions of the Privacy Act.