

## **Lusail Real Estate Development Company**

Health, Safety, Security, Environment, Logistics & Quality Department

# Lusail Construction Safety Procedural Forms/Checklists – Worker's Baseline Info Data Sheet

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#### **COMPANY PROPRIETARY INFORMATION**

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not controlled if printed.

#### **Amendment Record**

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev .No	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information  – Not controlled if printed has been added.	HSE Working Group	Michael Ford	twe khueger	1 <sup>st</sup> April 2015
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford Michael Ford	Uwe krueger	1 <sup>st</sup> April 2015
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(Company Logo)

Name:

(CP)

(Plot number)

#### Lusail Real Estate Development Company

D.O.B.:



### Worker's Baseline Info Data Sheet

Age:

Gender:		Nationality:			Weight:	Height:				
Employee Nu	umber:	Mobile Numbe					QID:			
Name of Con	npany:	:			Location of Site:					
Health History										
	Family Health History									
Father Mother										
		Yes	No				Yes		No	
Hypertensio	n:			Нуре	ertension:					
Diabetes:				Diab	etes:					
Others: spec	rify			Othe	ers: specify					
			Worke	r's He	alth Histo	ry				
Do you currently have problems with:			If YES, pl	YES, please specify			No			
Psychologica	al									
Integumenta	ary Syste	m (Skin)								
H. E. E. N. T.										
Respiratory	System (	(Lungs)								
Cardiovascu	lar Syste	em (Heart)								
Digestive Sys Intestines, e		omach,								
Urinary Syst Urination)	em (Blac	lder,								
Others:										
Past Medical History										
Surgical History										

**Assurance of confidentiality:** All information which would permit identification of an individual will be held confidential and will be used for statistical purposes only by the Contractors, and agents when required and with necessary controls; and will not be disclosed or released to other person without the consent of the individual.

No:

If Yes, please

specify:

Do you have any

allergies?

(Common Loca)	(CP)			
(Company Logo)	(Plot number)			

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Are you taking any medication for If Yes, p Chronic Disease/ spec Maintenance?								No:			
Do you Smoke? Yes: No: Comments:											
Do you drink a			es:		No:		Commen				
Exercise?		Ye			No:		Comments:				
Physical Examination											
Time:	BP	PF	R/HR RR Temp		SPO2		HGT	Cap Refill			
Worker's Sign	ature:		Signature:					Date:			
Health Care Pi	rovider:		Signatu	ıre:				Date:			
				Anı	nual E	xamina	ition				
Date	Date Time			P	I	HR RR		Blood Sugar		Cholesterol	

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