



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

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(Company Logo)	(CP)	Lusail Real Estate Development Company	
	(Plot number)		

Worker's Baseline Info Data Sheet

Name:		Age:		D.O.B.:	
Gender:		Nationality:		Weight:	Height:
Employee Number:		Mobile Number:		QID:	
Name of Company:			Location of Site:		

Health History

Family Health History					
Father			Mother		
	Yes	No		Yes	No
Hypertension:			Hypertension:		
Diabetes:			Diabetes:		
Others: specify			Others: specify		
Worker's Health History					
Do you currently have problems with:	If YES, please specify			No	
Psychological					
Integumentary System (Skin)					
H. E. E. N. T.					
Respiratory System (Lungs)					
Cardiovascular System (Heart)					
Digestive System (Stomach, Intestines, etc...)					
Urinary System (Bladder, Urination)					
Others:					
Past Medical History					
Surgical History					
Do you have any allergies?	If Yes, please specify:		No:		

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.

Are you taking any medication for Chronic Disease/ Maintenance?	If Yes, please specify:		No:	

Do you Smoke?	Yes:		No:		Comments:
Do you drink alcohol?	Yes:		No:		Comments:
Exercise?	Yes:		No:		Comments:

Physical Examination

Time:	BP	PR/HR	RR	Temp	SPO2	HGT	Cap Refill

Worker's Signature:	Signature:	Date:
Health Care Provider:	Signature:	Date:

Annual Examination

Date	Time	BP	HR	RR	Blood Sugar	Cholesterol

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