



Preview of evaluation form of planned activities for health surveillance





Section 1: personal data for preparation of medical file

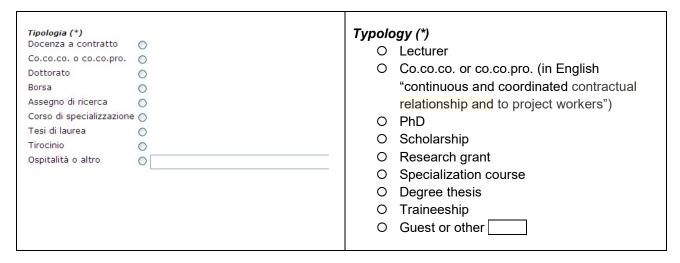
1. E-m	ail (*)	
2. Cellu	ulare	
3. Sede	e dove viene svolta l'attività (*)	
4. Resp	ponsabile scientifico/tutore	
	ologia del contratto/autorizzazione(*) tto a tempo indeterminato part-time (specificare ore/settimana) ()	
	tto a tempo indeterminato full-time	
Contra	tto a tempo determinato part-time (specificare ore/settimana)	
Contra	tto a tempo determinato full-time	
	·	
	tto di collaborazione	
Autoriz	ONAL DATA FOR PREPARATION OF MEDICAL FILE	
Autoriz	tto di collaborazione Ozzazione O	
Autoriz	ONAL DATA FOR PREPARATION OF MEDICAL FILE	
ERSO	ONAL DATA FOR PREPARATION OF MEDICAL FILE Email (*)	
ERSO	ONAL DATA FOR PREPARATION OF MEDICAL FILE Email (*)	
ERSC 1.	DNAL DATA FOR PREPARATION OF MEDICAL FILE Email (*) Cell phone	
1. 2. 3.	DNAL DATA FOR PREPARATION OF MEDICAL FILE Email (*) Cell phone Place where the activity is performed (*)	





In the last question, if you have selected a permanent or fixed-term contract, the questionnaire proceeds with the following in-depth request:

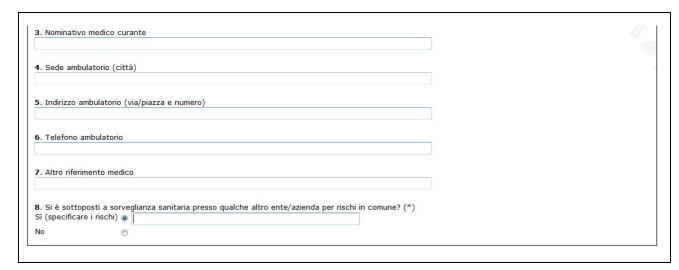
otherwise:



If you have not selected a permanent contract, you must fill out this field:



In every case, the form continues with the following block of questions:







Attending doctor (surname and name)
4. Clinic (municipality)
5. Clinic address (street/square and number)
6. Clinic phone number
7. Other medical reference
8. Have you undergone health surveillance in other institution/company for shared risks? O Yes (specifying the risks) O No
If you answer "yes" in the last question, it is also necessary to give the following information:
SCHEDA ANAGRAFICA PER ISTITUZIONE CARTELLA SANITARIA
1. Ente/azienda con i quali si è già sottoposti a sorveglianza sanitaria per rischi in comune (*)
PERSONAL DATA FOR PREPARATION OF MEDICAL FILE
Institution/company by which you have undergone health surveillance for shared risks (*)





Section 2: declaration of planned activities for health surveillance evaluation

Note: for every attended laboratory you must fill out the entire questionnaire

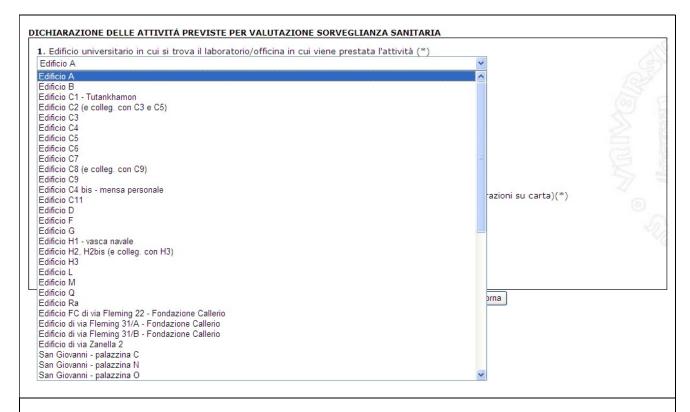
The second part starts asking the following data:

	ATTIVITÀ PREVISTE PER VALUTAZIONE SORVEGLIANZA SANITARIA /altro ed event. laboratorio/officina in cui viene prestata l'attività(*)	
2. Ente in cui si trova l Università degli Studi d	edificio con il laboratorio/officina in cui viene prestata l'attività(*) Trieste 🔿	意
Altro (da specificare)	0	5
	F PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE t/Faculty/other and possible laboratory/workshop where y	





If you have specified that the activity is performed in a university building, you must indicate the right building:



DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION

1. University building in which there is the laboratory/workshop where you perform the activity (*) [building list...]

otherwise you must indicate the building filling out a free text field:

1. Edificio in cui si trova il laboratorio/officina in cui viene prestata l'attività(*) 1. Edificio in cui si trova il laboratorio/officina in cui viene prestata l'attività(*)	_\$
DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION	
Building in which there is the laboratory/workshop where you perform the activity (*)	





You proceed answering to the questions related with the activities at risk, which are performed in that place:

2. E' pi Sì ()	evisto lo svolgimento di docenza frontale/tutoraggio?(*)	Tout 5
No O		R 1
3. E' pi Sì () No ()	revisto lo svolgimento di attività impiegatizie ed assimilabili?(*)	WILLIAM CO.
4. E' pi Sì () No ()	revisto l'uso del videoterminale per più di 20 ore/settimana effettive (cioè al netto di pause ed operazioni su carta)(*)	
5. E' pi Sì ○ No ○	revisto lo svolgimento di lavori pesanti (movimentazione carichi)?(*)	
2.	Is it provided the carrying out of frontal lecturing/tutoring? (*) O Yes	
3.	 No Is it provided the carrying out of office and similar activities? (*) Yes No 	
4.	Is the VDU use provided for more than 20 effective hours per week (excluding the breal operations on paper) O Yes	ks and the
5.	O No Is it provided the carrying out of heavy works (handling of loads)? (*)	

If you have answered "yes" in the last question, there are other three questions:

oche giornate all'anno . Frequenza settimanale attività di movimentazione carichi (*) ochi giorni a settimana ouotidianamente	Concentrazione annuale attività di movimentazione carichi(*) I mesi all'anno	
ochi giorni a settimana 🔘	che giornate all'anno 🔿	
Quotidianamente		
	otidianamente	
. Impegno giornaliero attività di movimentazione carichi (*)		





DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION

- 1. Annual concentration of activities of handling of loads (*)
 - O Several months per year
 - O Few days per year
- 2. Weekly attendance of activities of handling of loads (*)
 - O Few days per week
 - O Every day
- 3. Daily task for activities of handling of loads (*)
 - O Few hours per day
 - O More than half a day

The form continues with the following question:

E' previsto lo svolgimento di attività pratica in laboratorio chimico? (*)	
• ○	
Is it provided the carrying out of practical activity in chemical laborat	ory?
· · · · · · · · · · · · · · · · · · ·	
O Yes	

If you have answered "yes" in the last question, it is necessary to answer to these following questions:



DECLARATION OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE EVALUATION

- 1. Annual concentration of practical activity in chemical laboratory (*)
 - O Few days per year
 - O Several months per year
- 2. Weekly attendance of practical activity in chemical laboratory (*)
 - O Few days per week
 - O Every day
- 3. Daily task for practical activity in chemical laboratory (*)
 - O Few hours per day
 - O More than half a day





The form continues with the following question:

4. E' previsto lo svolgimento di attività pratica in laboratorio biologico? (*) Sì ○ No ○	
4. Is it provided the carrying out of practical activity in biological laboratory?O YesO No	

If you have answered "yes" in the last question, it is necessary to answer again to the three questions:

1. Concentrazione annuale attività pratica in laboratorio biologico (*) Poche giornate all'anno ()	
Più mesi all'anno	
2. Frequenza settimanale attività pratica in laboratorio biologico (*) Pochi giorni a settimana ()	
Quotidianamente	
3. Impegno giornaliero attività pratica in laboratorio biologico (*)	
Poche ore al giorno Oltre mezza giornata	
ECLARATION OF PLANNED ACTIVITIES FOR HEALTH 1. Annual concentration of practical activity in biological	
O Few days per year	- • •
O Several months per year	
2. Weekly attendance of practical activity in biological la	aboratory (*)
O Few days per week	

The form continues with the following question:

3. Daily task for practical activity in chemical laboratory (*)

O Every day

O Few hours per dayO More than half a day

4. E' previsto lo svolgimento di attività pratica in stabulario (con animali vivi)? (*) Sì No	Q.
 4. Is it provided the carrying out of practical activity in enclosure (with live animals)? O Yes O No 	

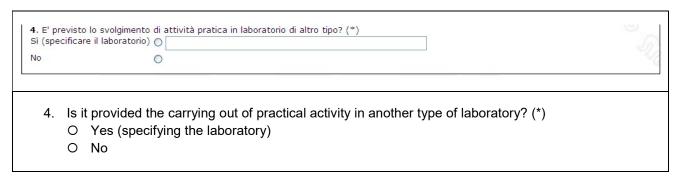




If you have answered "yes" in the last question, there are other three questions:

	e annuale attività pratica in stabulario (*)	
oche giornate a	'anno O	
Più mesi all'anno	0	
. Frequenza set Ochi giorni a set	imanale attività pratica in stabulario (*) timana 🔘	
Quotidianamente		
. Impegno giorna	aliero attività pratica in stabulario (*)	
Oltre mezza giorn		
	N OF PLANNED ACTIVITIES FOR HEALTH SURVEILLANCE E	EVALUATION
1. Annua		EVALUATION
1. Annua	l concentration of practical activity in enclosure (*)	EVALUATION
1. Annua O Se O Fe	l concentration of practical activity in enclosure (*)	EVALUATION
1. Annua O Se O Fe 2. Weekl	l concentration of practical activity in enclosure (*) veral months per year w days per year	EVALUATION
1. Annua O Se O Fe 2. Weekl	I concentration of practical activity in enclosure (*) veral months per year w days per year y attendance of practical activity in enclosure (*)	EVALUATION
1. Annua O Se O Fe 2. Weekl O Fe O Ev	I concentration of practical activity in enclosure (*) veral months per year w days per year y attendance of practical activity in enclosure (*) w days per week	EVALUATION
1. Annua O Se O Fe 2. Weekl O Fe O Ev 3. Daily t	I concentration of practical activity in enclosure (*) everal months per year w days per year y attendance of practical activity in enclosure (*) w days per week ery day	EVALUATION

The form continues with the following question:



If you have answered "yes" in the last question, it is necessary to give the following clarifications:







1. Annual concentration of practical activity in another type of laboratory (*) O Few days per year O Several months per year 2. Weekly attendance of practical activity in another type of laboratory (*) O Few days per week O Every day 3. Daily task for practical activity in another type of laboratory (*) O Few hours per day O More than half a day

The form ends with the following questions:

4. Attiv	ità soggette a norme specifiche (da indicare anche se svolte occasionalmente e/o	o in altro ambiente)
	di gas tossici, ove sia richiesto il certificato di abilitazione	
Produzi	one, confezionamento, detenzione e trasporto di esplosivi (fochino)	
Operato	ori e addetti a sostanze potenzialmente esplosive e infiammabili, settore idrocarbu	ıri 🔲
Operato	ori e addetti ad apparecchiature di risonanza magnetica nucleare	
Operato	ori e addetti ad apparecchiature laser ad alta potenza	
Guida d	i veicoli stradali durante l'orario di servizio	
Guida d	Guida di macchine per la movimentazione merci (carrelli, carri ponte, muletti, ecc.) Mansioni che prevedono attività in quota o in altezza (oltre i due metri)	
Mansior		
Mansior		
	azione di agenti biologici del gruppo 3 o 4	
	pratica con sostanze cancerogene e mutagene	
	subacquee	
5. Altre	attività a rischio	
	 in another environment) □ Use of toxic gases, where a certificate of competency □ Production, packaging, possession or transport of expl □ Users and operators responsible for potentially explosing hydrocarbons sector 	losives (shot firer)
	☐ Users and operators responsible for magnetic resonar	nce equipment
 ☐ Users and operators responsible for high power laser equipment ☐ Driving of road vehicles during working timetable 		
☐ Driving of machineries for handling of loads (trolleys, overhead travelling cranes, forklifts, etc.)		
	☐ Tasks involving activities at height (over two meters)	
	☐ Tasks that take place in quarries and mines	
	☐ Manipulation of biological agents of group 3 or 4	
	□ Practical activity with carcinogens and mutagens	
	☐ Underwater activities	

Note: the fields ending with (*) are mandatory