

**Questionnaire for Proposal**  
**(Based on job descriptions / hazard exposures)**

<b>Name of the Company</b>			
<b>Nature of Business</b>			
<b>Contact Person</b>			
<b>Tel:</b>	<b>Fax:</b>	<b>Mobile:</b>	<b>E:</b>

<b>Details for Medical Checkup</b>			
<b>Sr. No</b>	<b>Job Description</b>	<b>No. of Employees</b>	<b>Any specific comments</b>

**Answer (Yes or No), if yes, pls. provide with details**

Exposure to noise	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Exposure to dust, fumes, gases (if yes, also specify Indoor / Outdoor)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Exposure to chemicals (if yes, pls. state specific names):	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Exposure to high temperature (if yes, also specify Indoor / Outdoor)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Working in shifts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Working on heights	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Working in front of the computer	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Lifting of heavy objects	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Age / gender	<input type="checkbox"/> M	<input type="checkbox"/> F	_____
Off-shore	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Traveling for business purposes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____

Kindly send the duly filled questionnaire to [businessdevelopment@occupational-healthcare.com](mailto:businessdevelopment@occupational-healthcare.com). The Proposal shall be prepared by the Occupational Medicine Specialist based on the information provided.



OHI/F237/QFP