

Tervise- ja tööministri 15.12.2022 määrus nr 87
„Töötervishoiuteenuse osutamise kord“ Lisa 1

Healthcare service provider:

Meliva AS
Rävala pst 5, Tallinn 10143
+372 605 1500
Tegevusloa nr L03823

HEALTH CHECK CHART

I General data

First name Surname
 Personal identification number
 Place of residence
 Phone E-mail
 Job title
 Employer's name, address
 Risk factors underlying health check
 Nature of work

Previous employers

Name of employer	Job title	Duration of employment	Occupational risk factors

II Employee's statement of health

Do you suffer or have you suffered from the following diseases:	NO	YES	Specify
pulmonary diseases			
tuberculosis			
cardiovascular diseases			
high blood pressure			
allergic diseases			
gastrointestinal diseases incl. ulcer, gallstones			
kidney and urinary diseases			
diabetes			
inflammation and diseases of the joints			
nerve inflammation			
bone fractures and other trauma			
syncope (loss of consciousness), epilepsy, seizures			
psychiatric disorders			

Do you suffer or have you suffered from the following diseases:	NO	YES	Specify
ear diseases			
chronic rhinitis, sinusitis (frontal or maxillary)			
eye diseases			
other diseases			
Do you take any medications regularly?			
Have you been sick or taken sick leave during the past year?			
Do you suffer from health problems that you think are related to your working duties or working environment?			
Have you been assigned limitations of work based on a health check?			

I confirm that the information I have provided is correct.

Employee's signature: Date:

III Results of medical examinations

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IV Occupational health doctor's decisions and recommendations

Assessment of the employee's health condition:

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Decision on the suitability of the work environment or work arrangements for the employee (fit for work / not fit for work / fit for work with certain restrictions or additional conditions).

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Recommendations for the employer regarding changes to the work environment or work arrangements, or for improving the employee's health:

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Recommendations for the Employee:

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Next health check date:

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Justification (to be completed if the health check interval is set to less than three years or, in the case of a minor, less than one year)

Occupational health doctor's first and last name:

Occupational health doctor's code:

Phone: Email:
.....

Occupational Health Doctor's Signature: Date:

I have reviewed the results of the health check.

Employee's signature: Date: