Today's date: _ _ / _ _/ _ _ **Name of physician**: _ _ _ _ _ _ _ _ _ _ _ _ **First Aider**: _ _ _ _ _ _ _ _ _ **ENTRY** ☐

EVREST 2026

Nom naiss [ ] **Prénom** [ ] **Sexe M/F** |_| **Date naiss** |_|_|/|_|_|/|_|_|_|_|
Dép. naissance |_|_| **Salarié** |_|_|_|_|_|_|_|_|_|_|_|_|_| **Contrat : CDI ou assimilé** ☐ **Autre** ☐ **PCS-ESE** |_|_|_|_|_|
Entreprise |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| **NAF2008** |_|_|_|_|_| **Nb salariés** |_|_|_|_|
Etablissement de type : Privé ☐ **Public** ☐ **Suivi individuel renforcé : oui** ☐ **non** ☐
Atelier *(facultatif)* |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| ***Champ libre*** *(facultatif)* |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Entretien réalisé en présentiel ☐ **distanciel** ☐

Working Conditions

By completing this questionnaire, I acknowledge that I have read and accept the terms set out in the information sheet on the Evrest Observatory.

1. Do you work full time? **Yes$_1$** ☐ **No$_0$** ☐

2. Do you usually work standard working hours? Yes$_1$ ☐ No$_0$ ☐

Do you regularly have/do:
- Breaks longer than 2 hours Yes$_1$ ☐ No$_0$ ☐
- Unusual hours (early morning, late evening) Yes$_1$ ☐ No$_0$ ☐
- Irregular or rotating shifts Yes$_1$ ☐ No$_0$ ☐
- Night work (between 00.00 and 05.00) Yes$_1$ ☐ No$_0$ ☐

Are you regularly required to take business trips lasting for longer than 24 hrs? **Yes$_1$** ☐ **No$_0$** ☐

Do you telework?
☐0 Not concerned, my tasks cannot be teleworked ☐1 Never, although my tasks can be teleworked
☐2 1 day / week or less ☐3 2 days / week ☐4 3 ou 4 days / week ☐5 5 days / week

3. Time constraints:

a) Due to your workload do you ever:

	Never$_0$	Rarely$_1$	Quite often$_2$	Very often$_3$
- Work overtime	☐	☐	☐	☐
- Skip or shorten meal times, not take a break	☐	☐	☐	☐
- Complete an operation too quickly that actually requires more attention	☐	☐	☐	☐
- Work at home on your time off	☐	☐	☐	☐

b) Can you rate the difficulties you encounter due to time pressure (having to hurry, doing everything very quickly, etc.)?

No difficulties | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Severe difficulties (Circle the appropriate figure)

c) Do you frequently have to stop working on one task to complete another unforeseen task?
Yes$_1$ ☐ No$_0$ ☐

If yes, would you say that interrupting this activity:
- disturbs your work Yes$_1$ ☐ No$_0$ ☐
- is a positive aspect of your work Yes$_1$ ☐ No$_0$ ☐

4. Assessment of your work:

	No, not at all$_0$	Mostly no$_1$	Mostly yes$_2$	Yes, absolutely$_3$
- Your work provides opportunities to learn new things	☐	☐	☐	☐
- Your work is varied	☐	☐	☐	☐
- You can choose how you do things yourself	☐	☐	☐	☐
- You have enough possibilities to obtain help and cooperation	☐	☐	☐	☐
- You have the means to do your work to a high standard	☐	☐	☐	☐
- Your work is recognized by your professional entourage	☐	☐	☐	☐
- You have to do things you don't approve of	☐	☐	☐	☐
- You work with the fear of losing your job	☐	☐	☐	☐
- You are able to strike a good work-life balance	☐	☐	☐	☐

5. Physical workload: does your job have the following characteristics?

	No never$_0$	**Yes** sometimes$_1$	**Yes** often$_2$	**If so, is it difficult or arduous?**
Awkward postures	☐	☐	☐	**If YES→** Yes ☐ No ☐
Effort, Carrying heavy loads	☐	☐	☐	**If YES→** Yes ☐ No ☐
Repetitive movements	☐	☐	☐	**If YES→** Yes ☐ No ☐
Extensive walking	☐	☐	☐	**If YES→** Yes ☐ No ☐
Prolonged standing	☐	☐	☐	**If YES→** Yes ☐ No ☐

7. Are you exposed to:

	Yes$_1$	No$_0$		Yes$_1$	No$_0$		Yes$_1$	No$_0$		Yes$_1$	No$_0$
Chemical products	☐	☐	Noise disturbances	☐	☐	Severe heat	☐	☐	Risk of infectious disease	☐	☐
Dust, fumes	☐	☐	Noise > 80db	☐	☐	Severe cold	☐	☐	Contact with public (users, patients, clients, pupils etc.)	☐	☐
Ionizing rays	☐	☐	Visual constraints	☐	☐	Bad weather	☐	☐			
Vibrations	☐	☐	Driving for long periods	☐	☐	Psychological pressure	☐	☐	.....	☐	☐

Training – Career path

1. Have you done any training in the last year? **Yes$_1$** ☐ **No$_0$** ☐

If yes, was it: relevant to your current job **Yes$_1$** ☐ **No$_0$** ☐

relevant to a future position **Yes$_1$** ☐ **No$_0$** ☐

2. Have you changed your job in the last 2 years? **Yes$_1$** ☐ **No$_0$** ☐

If so, did you do so for medical reasons? **Yes$_1$** ☐ **No$_0$** ☐

3. In the last year have you had the role of trainer or tutor? **Yes$_1$** ☐ **No$_0$** ☐

4. Do you think that in the next two years your health state will allow you to continue your current job?

Certainly not ☐ **It's not sure** ☐ **Yes, it's almost certain** ☐

Lifestyle

1. Do you regularly (at least once a week) engage in any physical activity or sport? Yes $_1$☐ No $_0$ ☐

2. Usual consumption:

- Tobacco (no. of cig/day) Non-smoker $_0$☐ Former smoker $_1$☐ < 5 cig $_2$ ☐ 5 to 15 cig $_3$ ☐ > 15 cig $_4$☐

- How often do you drink beverages containing alcohol?

Never or 1 x / month $_0$ ☐ 2 to 4 x / month $_1$ ☐ 2 to 3 x / week $_2$ ☐ 4 x / week or more $_3$ ☐

– On the days you drink alcohol how many standard-sized glasses do you consume?

Not concerned (teetotal) $_0$ ☐ 1 or 2 $_1$ ☐ 3 or 4 $_2$ ☐ 5 or 6 $_3$ ☐ 7 to 9 $_4$ ☐ 10 or more $_5$ ☐

3. Do you have a long or arduous commute to work? Yes $_1$☐ No $_0$ ☐

Current health status = last 7 days (to be completed by the physician or nurse)

Questionnaire renseigné par : le médecin$_1$ ☐ l'infirmier(e)$_2$ ☐ Nom IdEST .....

Dernier entretien santé-travail (hors reprise, à la demande, …) il y a : □≤1 an □2 ans □3 ans □4 ans □5 ans ou + □jamais

Poids : _ _ _ kg Taille :_ _ _cm

		Plaintes ou signes cliniques au cours des 7 derniers j	Est-ce une gêne dans le travail ?	Traitement ou autre soin	*(Colonne libre, facultatif)*
	Cardio-respiratoire				
RAS ☐	- appareil respiratoire	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- appareil cardio-vasculaire	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- HTA	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
	Neuro-psychique				
RAS ☐	- fatigue, lassitude	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- anxiété, nervosité, irritabilité	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- troubles du sommeil	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS☐	**Digestif**	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
	Ostéo-articulaire				
RAS ☐	- épaule	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- coude	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- poignet / main	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- membres inférieurs	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- vertèbres cervicales	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	- vertèbres dorso-lombaires	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	**Dermatologie**	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|
RAS ☐	**Troubles de l'audition**	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	**Oui$_1$** ☐ **Non$_0$** ☐	|_|_|