Pre-placement medical questionnaire

Dear future employee:

Congratulations on your new assignment and welcome to the company. In order to complete the medical portion of the pre-employment process, you will need to review and take immediate action on the information below.

☐ **Complete your pre-placement medical questionnaire (PMQ)**: Please complete your medical questionnaire as soon as possible, ensuring that all personal information, including date of birth, is filled in. Once completed, sign and date the form (we are unable to accept an electronic signature). As you complete the questionnaire, please explain any positive responses. Please note that you are not required to complete a physical exam with your attending clinician to answer the questions on the PMQ.

☐ **Return the completed PMQ:** Please return the PMQ by scanning and emailing it to OHD.Calgary.HC@esso.ca. Please submit the PMQ as soon as possible to ensure timely processing of your pre-employment activities. Your information will be received by the Occupational Health Division (OHD) and will be retained in your confidential medical record.

☐ **Scheduling your medical visit at a health centre (if applicable):** Those employees assigned to a site where a pre-placement medical examination is required will be contacted by the health centre to arrange an appointment.

If your position is designated as specified or safety-sensitive under the company's Alcohol and Drug policy, you will be required to participate in alcohol and drug (A&D) testing. You will be contacted by the health centre to schedule an appointment.

Thank you for your cooperation and welcome to the company.

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ExxonMobil Imperial

Name: Last	First	Middle
Mailing address: Unit no.	Street	City
Province	Postal Code	Email
Home phone	Cell phone	Date of birth (yyyy/mm/dd)

Please use your electronic offer letter to fill in the remaining: work details:

Company hired into: ☐ Imperial ☐ ExxonMobil Canada ☐ ExxonMobil Business Support Centre Canada ☐ XTO

Start date (yyyy/mm/dd)	Your work location	Your supervisor's name
Your position title		

☑ Career ☐ Term (finite or student)	☐ Office ☑ Non-office	☑ Safety sensitive position (SS) ☐ Specified Position (SE) ☐ Not SS or SE

The pre-placement medical questionnaire (PMQ) is used as a means of assessing the applicant's ability to perform the essential duties or requirements of the position applied for. While completing this form please consider the questions against the information you have been given regarding the job's essential physical and mental demands. Only work limitations are communicated to management. The nature of the medical conditions resulting in work limitations is private information maintained by health professionals.

It is **your** responsibility to keep OHD informed of any changes in your medical status after completion of this form.

Complete the form and return it directly to OHD.Calgary.HC@esso.ca. If you have any difficulty answering the questions, please indicate on the form that you would like a health professional to contact you.

Please answer the following to the best of your ability	**Yes**	**No**
1. Within the last 12 months have you experienced any conditions (e.g., neck/ back/other problems) that would limit your ability to:		
▪ stand/walk/run	☐	☐
▪ sit (six to 12 hours daily for office positions) dependent on schedule	☐	☐
▪ climb stairs	☐	☐
▪ balance	☐	☐
▪ crouch/kneel	☐	☐
▪ bend/twist	☐	☐
2. Do you have any conditions (e.g., neck, back, knee or joint problem; rupture or hernia, other) that would limit you in:		
a. lifting, carrying or pushing/pulling:		
▪ up to 10 kg?	☐	☐
▪ 10 to 20 kg?	☐	☐
▪ 20+ kg?	☐	☐
b. reaching:		
▪ above shoulder?	☐	☐
▪ below shoulder?	☐	☐
c. gripping	☐	☐

Please answer the following to the best of your ability	**Yes**	**No**
3. Do you have any conditions that would limit your ability to perform a function which requires continuous:		
a. handling of paper or other materials with:		
▪ both hands?	☐	☐
▪ one hand?	☐	☐
b. fingering (e.g., keying/typing/mouse use) with:		
▪ both hands?	☐	☐
▪ one hand?	☐	☐
c. writing for periods greater than one hour	☐	☐
4. Do you have a visual impairment (e.g., loss of depth perception peripheral vision, vision in one eye, colour blindness, etc.) that would limit your ability to:		
▪ read or do similar close work?	☐	☐
▪ discriminate between colours?	☐	☐
▪ drive a vehicle?	☐	☐
▪ work with or around moving vehicles/equipment?	☐	☐
5. Do you have a hearing or speech impairment that would make it difficult for you to:		
▪ participate in a conversation of normal intensity?	☐	☐
▪ speak or listen on the telephone?	☐	☐
▪ work in a noisy environment?	☐	☐

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Please answer the following to the best of your ability	Yes	No
6. Do you have any physical conditions (e.g., heart problem, etc.) or psychological conditions (e.g., depression or anxiety, etc.) that may limit your ability to:		
▪ meet deadlines?	☐	☐
▪ perform multitasking?	☐	☐
▪ work closely with peers/supervisors?	☐	☐
▪ work alone?	☐	☐
▪ make decisions?	☐	☐
▪ exercise supervision?	☐	☐
▪ interact with the public or customers?	☐	☐
▪ deal with conflict?	☐	☐
7. Do you have any other physical or psychological conditions that may limit your ability to perform the job applied for?	☐	☐
8. Do you have a condition that may result in sudden loss of consciousness?	☐	☐
9. Do you have any conditions that would limit your ability to:		
▪ work with or around machinery/equipment?	☐	☐
▪ work with a computer?	☐	☐
▪ travel?	☐	☐
10. Do you have any conditions that would limit your ability to work:		
▪ a 35 to 42 hour week?	☐	☐
▪ a 7.5 to 8 hour day?	☐	☐
▪ shiftwork e.g., modified work week or 10 to 12 hour shifts?	☐	☐
11. Do you have any conditions that may prevent you from attending the job applied for on a regular and consistent basis?	☐	☐
12. Do you have any infections, illnesses or other conditions (e.g., hepatitis, jaundice, etc.) that could be transmitted to other employees?	☐	☐
13. Are you currently taking any medication that may limit your ability to perform the job applied for or that you would like to make the Occupational Health Division aware of?	☐	☐
14. Do you have any conditions that should be discussed with the Occupational Health Division to ensure that you receive regular medical attention or proper first aid in the event of an emergency (e.g., diabetes, epilepsy, hemophilia, allergies, etc.)?	☐	☐

Please answer the following to the best of your ability	Yes	No
15. Do you have or have you had heart, breathing or other problems which may limit your ability to do manual labour?	☐	☐
▪ have you ever been advised to avoid manual labour because of such a condition?	☐	☐
16. Do you have any conditions that would limit your ability to:		
▪ work at heights?	☐	☐
▪ work a 12-hour shift?	☐	☐
▪ work in a confined space?	☐	☐
▪ work with heavy equipment?	☐	☐
▪ work in remote areas?	☐	☐
▪ climb ladders, etc.?	☐	☐
17. Do you have any allergies, skin, lung or other conditions that would limit your ability to perform work in an environment with:		
▪ smoke/dust?	☐	☐
▪ chemical fumes/vapours/gases?	☐	☐
▪ temperature changes/extremes?	☐	☐
▪ humidity/dryness?	☐	☐
▪ other?	☐	☐
For OHD file purposes:		
18. Have you ever worked for any of the following affiliate companies:		
▪ Imperial Oil Limited	☐	☐
▪ ExxonMobil Canada	☐	☐
▪ EMBSCC	☐	☐
▪ Films	☐	☐

If yes to any of the above companies, please indicate which location you have worked at:

For refinery, chemical and other plant positions only:

19. Do you have or have you had any of the following:		
▪ kidney problems?	☐	☐
▪ anemia or other blood problems?	☐	☐
▪ liver problems	☐	☐

If you have answered 'yes' to any of the above questions, please provide brief details below of how your ability to perform the job may be affected. Also include information regarding possible accommodations (e.g., aids, job redesign) that could be used to increase your ability to perform the job applied for.

I hereby declare that the above answers are correct. I understand that it is my responsibility to notify OHD of any changes in my medical status following submission of this form. I understand that misrepresentation or omission of the facts called for herein may be sufficient cause for termination of employment.

I consent to such reasonable medical examinations and tests and by such persons as may be requested by the company and authorize the Occupational Health Division to notify company management of work limitations, if any, as indicated by the medical assessment.

Signature of applicant | Date (yyyy/mm/dd)

OHD review | OHD signature | Date (yyyy/mm/dd)