



Personal details of the applicant

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Full name

Please state the social protection system you are covered by:

Social Security

Social Security Identification Number

Civil Servants Pension Fund

Caixa Geral de Aposentações Subscriber Number

Mobile phone/Phone no.

Email

Occupation activity details

2

Order no. ¹	Work sector (S)	Job position (JP)
S/JP 1		
S/JP 2		
S/JP 3		
S/JP 4		
S/JP 5		

¹ Please **indicate** the job positions occupied in chronological order, with the current job position corresponding to no. 1 and no. 2 to the immediately previous job position, and so on.

Exposure to chemicals

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3.1. Dust/fumes/fibres

Designation	Concentration (mg/m ³ or particles/cm ³)	Observations/preventive measures taken

3.2. Gases e vapours

Designation	Concentration (mg/m ³ or particles/cm ³)	Observations/preventive measures taken

4

Exposure to risks caused by physical agents

4.1. Noise

No.	$L_{Aeq,T}$ dB(A)	T_{exp} min/dia	$L_{ex,8h}$ dB(A)	$L_{EP,d,efect}$ dB(A)	L_{Cpico} dB(A)	Observations/preventive measures taken
S/J/P 1						
S/J/P 2						
S/J/P 3						
S/J/P 4						
S/J/P 5						

Ear plug(s) used:

Collective prevention measures taken:

4.2. Vibrations (Acceleration at $a_{eq,t}$, in m/s^2)

No.	Arm/hand system	Global body system	Observations/preventive measures taken
S/J/P 1			
S/J/P 2			
S/J/P 3			
S/J/P 4			
S/J/P 5			

4.3. Radiation (Range of radiation levels)

No.	Ionizing	Infrared	Ultraviolet	Observations/preventive measures taken
S/J/P 1				
S/J/P 2				
S/J/P 3				
S/J/P 4				
S/J/P 5				

4.4. Insufficient lighting - Nystagmus (Range of light illuminance levels)

No.	Natural light	Artificial light	Lixed light	Observations/preventive measures taken
S/J/P 1				
S/J/P 2				
S/J/P 3				
S/J/P 4				
S/J/P 5				

4.5. Pressure above atmospheric pressure

No.	Pressure range (in bar)	Observations/preventive measures taken
S/J/P 1		
S/J/P 2		
S/J/P 3		
S/J/P 4		
S/J/P 5		

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Exposure to risks caused by physical agents (continuation)

4.6. Thermal environments

No.	Air temperature range (in °C)	Relative humidity range (in %)	Observations/preventive measures taken
S/JP 1			
S/JP 2			
S/JP 3			
S/JP 4			
S/JP 5			

4.7. Mechanical agents

No.	Pressure on synovial bags	Overload on tendon sheaths and others	Pressure on nerves or nerve plexuses	Pressure on intra-articular cartilage of the knee	Other	Observations/preventive measures taken
S/JP 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S/JP 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S/JP 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S/JP 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S/JP 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Infectious and parasitic agents

No.	Bacteria	Viruses	Parasites	Fungi	Observations/preventive measures taken
S/JP 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S/JP 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S/JP 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S/JP 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S/JP 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Statements

I am aware that false statements are punished according to the law.

I declare that the information I have provided is complete and true.

Date

- -
year month day

Signature and stamp

To be completed by the employer or, failing that, by the Working Conditions Authority.

Data protection



The collected data will be processed by the competent Social Security Services (*Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A. and Instituto de Segurança Social da Madeira, I.P.-RAM*) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security website at www.seg-social.pt