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| Fecha de Visita |  | Hora |  |

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| **1. DATOS DEL TRABAJADOR** | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE | | | |  | | | | | | | | | | | | | | | | | | | | | |
| IDENTIFICACIÓN | | | | | | | |  | | | | GENERO | | M\_ F\_ | | | | EDAD | | | |  | | | FN: DD/MM/AAAA |
| DOMICILIO | | | | |  | | | | | | | | | | | | | | | TEL/CEL | | | | |  |
| ESTADO CIVIL | | | | | |  | | | | | | | | | | | | | | | | | | | |
| CARGO | |  | | | | | | | | FECHA DE INGRESO | | | | | | DD/MM/AAAA | | | | | | | | CAUSA: AT\_\_ EL\_\_ EG\_\_ | |
| EPS |  | | | | | | | | ARL | |  | | | | DIAGNOSTICO | | | | | | | |  | | |
| **ANTECEDENTES PERSONALES** | | | | | | | | | | | | | | | **ANTECEDENTES FAMILIARES** | | | | | | | | | | |
| Médicos | |  | | | | | | | | | | | | | HTA | |  | | | | | | | | |
| Quirúrgicos | | | |  | | | | | | | | | | | Diabetes Mellitus | | | | | | | | |  | |
| Alérgicos | | |  | | | | | | | | | | | | Cáncer | | | |  | | | | | | |
| Traumáticos | | | | |  | | | | | | | | | | Cardiopatías | | | | | |  | | | | |
| Otros |  | | | | | | | | | | | | | | Neurológicos | | | | | |  | | | | |
| Grupo Sanguíneo | | | | | | |  | | | | | RH |  | | Otros | | |  | | | | | | | |

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| **2. DATOS DE LA EMPRESA** | | | | | | | | | |
| NOMBRE RAZON SOCIAL | | |  | | | | | | |
| NIT |  | | | TELEFONO |  | | MUNICIPIO | |  |
| DIRECCIÓN | |  | | | | DEPARTAMENTO | |  | |

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| **3. VALORACIÓN DEL TRABAJADOR** | | |
| 1.1 ESTADO DE CONCIENCIA  Alerta\_\_\_ Desorientado\_\_ Somnoliento\_\_\_\_  Estupor\_\_\_ Coma\_\_\_\_ | 1.2 ESTADO DEL TRABAJADOR  En cama\_\_\_\_ En silla de ruedas\_\_\_\_\_  Caminando con ayuda\_\_ Caminando sin ayuda\_\_\_ | |
| 1.3 TIPO DE MARCHA  Libre\_\_\_\_ Claudicante\_\_\_\_ Antálgica\_\_\_\_ Con ayudas técnicas\_\_\_ Espástica\_\_\_ Atáxica\_\_\_ Otras\_\_ | 1.4 TIPO DE INCAPACIDAD  Temporal\_\_\_ Permanente parcial\_\_\_ Pensión invalidez\_\_\_ Tiempo de incapacidad en días\_\_\_\_\_ | |
| **4. DESCRIPCIÓN CONDICIONES DE SALUD DEL TRABAJADOR** | | |
| **FISICO:** | | **PSICOSOCIAL:** |
| **5. MOTIVO DE CONSULTA** | | |
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| **6. OBJETIVOS** | | |
| **GENERAL:** | | |
| **ESPECIFICOS:** | | |
| **7. RECOMENDACIONES** | | |
| **7.1 PARA LA UNIVERSIDAD** | | **7.2 PARA EL TRABAJADOR Y/O FAMILIA** |

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| **OBSERVACIONES** |
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| **FIRMA DEL PROFESIONAL ESP. SEGURIDAD Y SALUD EN EL TRABAJO SGSST-UFPS** | |
| **NOMBRE** |  |
| **CEDULA** |  |
| **CARGO** |  |