

PRE EMPLOYMENT MEDICAL QUESTIONNAIRE

(The following information will be treated with strictest confidence)

Position applied for:	
Full name:	
Address:	
Phone No:	
Name of doctor:	
Address of doctor:	
Phone No:	
Next of kin:	
Next of kin's phone no:	

Have you at any time suffered from the following conditions:

Allergies	yes/no	Skin disorder	yes/no
Asthma	yes/no	Arthritis	yes/no
Hay fever	yes/no	Back ache	yes/no
Chest pain	yes/no	Back injury	yes/no
Heart disorder	yes/no	Disc disorder	yes/no
High blood pressure	yes/no	Gout	yes/no
Palpitations	yes/no	Joint/tendon disorder	yes/no
Rheumatic fever	yes/no	Rheumatism	yes/no
Hernia	yes/no	Dizzy spells	yes/no
Jaundice	yes/no	Epilepsy	yes/no
Peptic ulcer	yes/no	Fainting attacks	yes/no
Rectal bleeding	yes/no	Paralysis	yes/no
Kidney stones	yes/no	Severe headaches	yes/no
Pain on urination	yes/no	Chronic cough	yes/no
Sugar urine	yes/no	Pleurisy	yes/no
Anaemia	yes/no	Pneumonia	yes/no
Blood disorder	yes/no	Sinusitis	yes/no
Cancer	yes/no	Tuberculosis	yes/no
Depression	yes/no	Ear disorder	yes/no
Diabetes	yes/no	Eye disorder	yes/no
General debility	yes/no	Nose disorder	yes/no
Anxiety	yes/no	Throat disorder	yes/no
Insomnia	yes/no		

If you have answered yes to any of the previous questions, please provide details here:

Do you or have you in the last ten years, suffered from any medical condition which has not already been answered? **yes/no**

If yes, please give details:

When was the last time you consulted your doctor?
Reason:

Do you consume alcohol?	yes/no
How much alcohol do you consume in the average week?	Units
Do you smoke?	yes/no
If yes, how many per day?	cigaretts
How many days have you been sick in the last twelve months?	Days
How many days work have you lost in the last twelve months due to sickness?	Days

Please detail any accidents you have had both at and away from work with particular reference made to any back injuries or strains received during the moving of people or objects.		
Date	Details of accident	Length of time away from work

Please give details of any biological agents, infectious diseases or materials such as asbestos you have been exposed to which could affect your health		
Date	Nature of Exposure	Length of time away from work

Please give details of all your leisure activities including DIY etc. Particular reference must be made to any hazardous pursuits such as rock climbing, martial arts or any activity which could give rise to a back injury.	
Nature of hobby or pastime	Length of time away from work as a result of an injuries sustained

Do you expect to require time off work for any medical reason within the next twelve months? yes/no
If yes, please give details:

I here by declare that the information given above is correct to the best of my knowledge and belief, and I here by consent to further enquiries being made in order to confirm the information given. Any illness or medical condition from which I have suffered or am suffering, including back pain, and which may affect my ability to undertake the duties required of me in the position for which I am applying, has been declared above.

I understand that the non-disclosure or suppression of any relevant facts known to me may prejudice an application to join the staff or, if appointed, any benefits applicable thereafter and could lead to the termination of my employment

Signature

Print Name:

Date

Your attention is drawn to the following provisions to the Access to Medical Reports Act 1988;

1. An employer cannot apply for medical report on behalf of an employee unless the employer has notified the individual concerned and received their consent.
2. The individual is entitled, on request, to have access the report before it is supplied
3. The employee can veto production of the report to the employer and the employee can request that the report be amended by the doctor if it is inaccurate or misleading.

Thank you