

MEDICAL QUESTIONNAIRE

1. Personal details:

Position:Department:.....

Surname:Forename(s):

Date of birth:

Name and address of GP:

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2. Occupational history:

Has your employment ever been terminated on the grounds of ill-health? yes no

Approximately how many days'/weeks' sickness absence did you have in the last twelve months?

3. Medical history:

What is your average weekly consumption of alcohol (in units)?.....

Do you smoke?

Are you currently taking any prescribed medication?

Are you currently under the care of a doctor, consultant or other medical professional?

Are you currently suffering from, or have you ever suffered from, any of the illnesses listed below?

Heart trouble

yes no

Lung disease

yes no

Stomach/bowel trouble

yes no

Jaundice/hepatitis

yes no

Joint problems/arthritis

yes no

Headaches/migraines

yes no

Diabetes

yes no

Serious allergies

yes no

Severe stress reaction

yes no

Serious accident/injury

yes no

High blood pressure

yes no

Asthma

yes no

Hernia or rupture

yes no

Kidney/bladder disorder

yes no

Back/neck problems

yes no

Fits/blackouts/epilepsy

yes no

Depression/anxiety

yes no

Hearing/sight problems

yes no

Skin problems

yes no

Surgical operations

yes no

Mobility problems

yes no

Cancer

yes no

Auto-immune disease

yes no

Neurological disorder

yes no

If you have answered "yes" to any of the questions in section 2 or 3, please give further details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Equality Act 2010, as it will enable us to identify what, if any "reasonable adjustments" can be made.

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Do you have any other ongoing physical or mental impairment not already disclosed above which may affect your employment with the Company? yes no

Is there anything else in your medical history or circumstances which might affect your employment?

yes no if so, please advise

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal. If I have not yet started employment, my job offer may be withdrawn.

Signature:

Date: