

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE



Applicants Name

Date

Position Applied For

Note

Candidate should understand that it is in their own interests as well as those of the company and the public generally, that this form should be completed honestly and accurately. If it is not, they may well be doing work for which their health makes them unsuitable and which may have serious consequences. If it is subsequently discovered that any statement is false or misleading the company has the right to take the appropriate disciplinary action. Your answers will be treated as CONFIDENTIAL and will be seen only by the Business Owners, who will assess these answers to determine your fitness for your proposed job.

Present Health

How is your general health usually? GOOD MODERATE POOR

Do you take any medical drugs regularly? YES NO

If YES, please give details: (including any courses of prescribed medicine recently completed: e.g. antibiotics, tranquillisers, inhalers, anticoagulants etc.)

Are you currently receiving any other medical treatment from your general practitioner and/or from hospital? YES NO

If YES, please give details:

EYESIGHT

Do you wear glasses/contact lenses? YES NO
Do you wear spectacles for VDU work? YES NO

Are there any other health problems you wish to mention?

Do you expect to ask for leave of absence on medical grounds in the near future?

Immunisation

Please state your current immunisation status, and indicate below.

Have you been immunised for the following

TUBERCULOSIS E.G BCG	YES	NO
RUBELLA	YES	NO
TETANUS	YES	NO
POLIO	YES	NO
SMALLPOX	YES	NO
DIPHTHERIA	YES	NO
WHOOPIING COUGH/	YES	NO
POLIOMYELITIS	YES	NO
OTHERS (please state)		

Employment Attendance

Please state the number of days/occasions on which you have been absent from full/part time work due to illness over the last 2 years.

No. of Days:

Reason:

No. of Days:

Reason:

No. of Days:

Reason:

Have you ever left a job because of ill health? YES NO

Are you or have you been registered disabled? YES NO

Are you in receipt of a war pension or any other Disability benefit? YES NO

Past Medical History

Are you, presently, or have you ever suffered from the following:

Coronary Thrombosis	YES	NO
Other heart diseases	YES	NO
Stroke	YES	NO
High Blood Pressure	YES	NO
Circulatory Disorders	YES	NO
Nervous, Emotional or Eating Disorders	YES	NO
Depression	YES	NO
Anxiety	YES	NO
Fits or Faints	YES	NO
Epilepsy	YES	NO
Vertigo, dizzy attacks	YES	NO
Diabetes	YES	NO
Thyroid Disorder	YES	NO
Other glandular Disorders	YES	NO
Chronic Chest Disease	YES	NO
Asthma	YES	NO
Tuberculosis	YES	NO
Hernia/Rupture	YES	NO
Jaundice Hepatitis B	YES	NO
Arthritis	YES	NO
Back pain/Backache	YES	NO
Slipped disc	YES	NO
Skin disease e.g. eczema	YES	NO
Allergies (hay fever, eggs etc)	YES	NO
Defects of Vision	YES	NO
Ear Disease or Discharge	YES	NO
Defects of Hearing	YES	NO
Have you ever suffered a serious?		
Accident or injury	YES	NO
Have you previously had Chicken pox?	YES	NO

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Continued

HIV/AIDS/HEP B

This question is asked in order to reduce any risk to patients to whom you may provide care, and to offer advice and information regarding your proposed employment.

Do you consider that there is a significant risk that you may have contracted either HIV or HEP B virus infection

YES

NO

Please use this area to provide any further information regarding you present or past health which you feel we should know about

Further Information

Declaration

I declare that all the answers in this Health Questionnaire are, to the best of my knowledge, true.

I understand that if it is subsequently discovered that any statement is false or misleading the company has the right to dismiss me summarily from my position.

Signature of Applicant

Date

Doctors Name and Full Address