

Pre-Employment Medical Questionnaire



Please note that we may require applicants to undergo a full medical examination as a condition of their employment. Also in making your application you are consenting to us approaching your doctor for medical information about you, either as part of the recruitment process or at any time during your employment with us.

1. Occupational History

a. Has your employment ever been terminated on the grounds of ill health, capability or misconduct?

Yes No

b. Do you have any disabilities that may affect your work with us? Please indicate if you require assistance at interview due to disability. Please give brief details, including ways in which we could assist.

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

2. Medical History

What is your height:		What is your weight:	
How many units of alcohol do you consume weekly:			
Do you smoke? (yes or no)			
Are you currently taking prescribed medicine:			
Are you currently under the care of a doctor or medical professional:			
Name & Address of G.P.			
Please provide details of any reoccurring or ongoing illness including any period of hospitalisation during the last 3 years			

Are you currently suffering from or have suffered from any of the illnesses or conditions listed below:

	Yes	No
Heart Trouble		
Jaundice/Hepatitis		
Diabetes		
Severe Stress Reaction		
Asthma		
Back/Neck problems		
Hearing/Sight Problems		
Lung Disease		

	Yes	No
Serious Accident		
Hernia or Rupture		
Fits/blackouts/epilepsy		
Skin Problems		
Stomach/Bowel Trouble		
Joint problems		
Headaches/Migraines		
High Blood pressure		

Mobility Problems		
Allergies		
Surgical operations		

Kidney/Bladder Disorder		
Depression/anxiety		
Dyslexia		

If you have answered, “yes” to any questions in section 1 or 2 – please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability as defined in the Disability Discrimination Act 1995, as it will enable us to identify what, if any “reasonable adjustments” can be made.

DECLARATION

I hereby declare that the medical information given is complete and true to the best of my knowledge. I understand that if at a later date it is discovered that I have knowingly given false information or provided misleading or inaccurate information including medical details, disciplinary action may be taken against me up to and including Termination of my Employment. I confirm that I give my consent for medical information to be requested from my GP.

SIGNED _____

DATE _____