

**CONFIDENTIAL PRE – EMPLOYMENT
HEALTH QUESTIONNAIRE.**

Full name:

Position applied for:

We are committed to Equal Opportunities and our aim is to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, race, colour, sex, marital status, religion, ethnic origin, nationality, disability or sexual orientation.

The purpose of the pre employment health questionnaire is to ensure, so far as is possible, that you are fit for the post you have applied for in order to protect your own and others health and safety.

Questions are asked about your past and present health, medical treatment and any impairments which may have implications for health and safety.

Please complete and return this questionnaire with your fully completed application form. The information given will remain confidential.

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the Human Resources Department.

| Heath Questions | No | Yes | Please give details |
|--|--------------------------|--------------------------|---------------------|
| 1. Are there any restrictions on the type of work you can undertake? If yes, please give details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Will you require any special facilities at work or adaptations to the work environment? If yes, please provide details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Do you have a medical or physical condition or disability that you think we should be aware of? If yes, please provide details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Are you currently taking any medication for any condition of which we should be aware? If yes, please give details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Do you suffer from any reoccurring / regular illness/ medical problems? If yes, please give details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Have you had any absences from work in the last 12 months? If yes, please detail number of days, occasions and reasons. | <input type="checkbox"/> | <input type="checkbox"/> | |

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|---|--------------------------|--------------------------|--|
| 7. For Health and Safety reasons, please state if you are pregnant or have recently given birth: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Have you been admitted to hospital for any serious illness or operation over the last 3 years? If yes, please provide details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Have you ever suffered from an alcohol or drug related dependency? If yes, please provide details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Do you have or have you ever suffered from any mental illness or psychological problems, including stress, depression, anxiety etc? If Yes, please provide details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Been refused a driver's licence because of ill health? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Have you ever been refused or dismissed from employment for health reasons? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Do you (or have you) had any mobility difficulties or suffer from back / neck pain?? If Yes, please provide details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Do you have any other health issue not already mentioned? If yes, please provide details: | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. Are you registered disabled? If Yes, please provide disability registration number. | <input type="checkbox"/> | <input type="checkbox"/> | |

Please give your GP's name and address:

To the best of my knowledge and belief, the information given above is correct.

In the event of being employed, if it is subsequently shown that relevant medical information has not been disclosed or is misleading or false, then your employment may be terminated in line with the company's formal disciplinary procedure.

It is important to notify a manager should there be any significant changes in your health questionnaire from the date of signing this questionnaire to commencement of employment.

If further information is required from your GP or Specialist, your written consent will be requested first.

Signature

Date