

**Pre-Employment Health Questionnaire**

**Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.**

**Deliberately giving false or misleading information on this form could lead to the withdrawal of the offer of employment and /or your subsequent dismissal from this employment.**

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

**Section A**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **QUESTIONS** | **YES** | **NO** |
| 1 | Do you have, or have you had, physical or mental health problems lasting 3 weeks or longer?  NB\* Please refer to section 2 table below for questions |  |  |
| 2 | Have you ever had a health problem that may reoccur in the future?  NB\* Please refer to section 2 table below for questions |  |  |
| 3 | Are you taking any prescribed medication at present?  (do not answer ‘yes’ for HRT or birth control medication) |  |  |
|  | If yes: please give details: | | |
| 4 | If 'YES' is it required to be taken on a strict timetable? |  |  |
| 5 | Do you need any aids or adaptations to carry out day-to-day activities? |  |  |
| 6 | Are you restricted for health reasons from carrying out any specific types of work? |  |  |
| 7 | In the last 5 years have you ever had any **serious** illness, operation, accident or hospital treatment? |  |  |
| 8 | Are you currently pregnant or have recently given birth? |  |  |
| 9 | Do you require adjustments to your proposed work in relation to pregnancy or disability? |  |  |
| 10 | Have you had any absence from work, of three weeks or longer, due to illness or injury in the last 12 months? |  |  |
| 11 | Do you have any known medical condition, which would require you taking sickness absence in the next 12 months? |  |  |

|  |  |  |
| --- | --- | --- |
| **Section B**  Do you or have you had any problem with the under noted? If Yes please give details on a separate Sheet. | **Yes** | **No** |
| Nervous or psychiatric illness |  |  |
| Tonsillitis / sinusitis/ ear infection |  |  |
| Asthma/ hay fever/pleurisy /chest infections |  |  |
| Tuberculosis |  |  |
| Heart/Circulation/ High blood Pressure |  |  |
| Bladder/ Kidney Problems |  |  |
| Blackouts/ Epilepsy/ giddiness |  |  |
| Skin rashes/ allergies to food or drugs |  |  |
| Thyroid /debates/other glandular illness |  |  |
| Gastro-intestinal / jaundice |  |  |
| Migraine / headache / varicose veins/ painful periods |  |  |
| Genitourinary symptoms, disorders, or diseases |  |  |
| Hernia |  |  |
| Do you have any persistent coughs? |  |  |
| Immune- deficiency symptoms e.g. HIV positive diseases or disorders |  |  |
| Stress related disorders or diseases |  |  |
| Haematological symptoms, disorders, or diseases |  |  |
| Have you ever attended hospital anytime |  |  |
| Are you receiving any medical treatment |  |  |
| Have you ever left employment for health reasons |  |  |

**DECLARATION**

I declare that these statements are correct to the best of my knowledge. I understand that their accuracy is a condition of any employment with ……………………………………………………….

I further declare that I am, to the best of my knowledge, at present in good health unless stated otherwise above.

Applicant's signature: ……………………………………………………… DATE: ……………..………………

PLEASE PRINT NAME ……………………………………………………………

**For use by Occupational Health Date Received:** …………………………

Health Assessment Required YES/NO Advisor  Medical Officer 

Assessment Date (s) …………………/………………………/………………… Fit for Post YES/NO

Signature …………………………………………….. Designation: ……………………… Date: …………………………………

Recruitment team notified: …………………………………………………….