Medical Questionnaire

This questionnaire is designed to help the Company meet its legal Health and Safety duties. The information provided on this form will be used to establish whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or that might place you at risk in the workplace. It may also be used for identifying workplace adjustments or assistance to enable you to do the job.

**The information supplied will remain strictly confidential and can be accessed only by authorised personnel. No information will be given outside of the company.**

Please tick **Yes** or **No** to each question. Please answer truthfully.

**Medical Screening Questionnaire**

|  |  |
| --- | --- |
| Surname: |   |
| Forenames: |   |
| Job Title: |   |
| Start Date: |  |
| Name and Address of GP in the UK |  |

Please answer all the following questions by circling the appropriate response;

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Questions** |   |   |
| 1 | Do you have any physical or mental impairment that could be classed as a disability under the Equality Act 2010? | Yes | No |
| 2 | Are there any medical reasons why you should not do shift work? | Yes | No |
| 3 | Are you able to carry out strenuous physical work including climbing ladders, bending, lifting and carrying? | Yes | No |
| 4 | Have you ever had to give up any previous job for medical reasons? | Yes | No |
| 5 | Have you been off work continuously for more than a month during the last five years? | Yes | No |
| 6 | Have you ever had any operations requiring hospital admission for five or more days? | Yes | No |
| 7 | Is your eyesight normal (with glasses if worn)? | Yes | No |
| 8 | Is your hearing normal? | Yes | No |
| 9 | Do you regularly take tablets or medicine?If yes, what do you take?  | Yes | No |
| 10 | Have you ever had any of the following? |
|   | Diabetes | Yes | No |
|   | Tuberculosis | Yes | No |
|   | Angina | Yes | No |
|   | Any other heart trouble | Yes | No |
|   | Raised blood pressure | Yes | No |
|   | Peptic, gastric or duodenal ulcer | Yes | No |
|   | Indigestion for more than one week | Yes | No |
|   | Back trouble, lumbago, sciatica, "slipped disc" | Yes | No |
|   | Epilepsy, recurring blackout or fits | Yes | No |
| 11 | Have you ever had any of the following during the past five years? |
|   | Bronchitis, asthma, pneumonia | Yes | No |
|   | Dermatitis, eczema or any other skin trouble | Yes | No |
| 12 | Do you suffer from any of the following? |
|   | Migraine or severe recurring headaches | Yes | No |
|   | Anxiety, depression or any other nervous complaint | Yes | No |
|   | Fainting attacks or giddiness | Yes | No |
|   | Ear trouble, discharging or infected ear | Yes | No |
|   | Kidney trouble or urinary infection |  Yes |  No |
| 13 | If you have circled any answers as Yes for questions 1 to 12, please give details below: |
|   |     |
| 14 | Have you ever had any other serious illness? If yes, please give brief details below. | Yes | No |
|   |     |
| 15 | Have you consulted a doctor about your health during the past 12 months? If yes, please give brief details below. | Yes | No |
|   |     |
| 16 | Do you suffer from any allergies? If yes, please provide details below. |
|  |  |

**Declaration**

I am willing to undergo a medical examination if required and I declare that the information I have given on this form is complete and correct to the best of my knowledge.

Note: Any false, incomplete or misleading statements may lead to disciplinary action being taken which could lead to dismissal.

**Employee's signature**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data protection**

Information from this application may be processed for purposes registered by the Employer under the General Data Protection Regulations (GDPR) and Data Protection Act 1998. Upon receipt of written request, individuals have the right of access to personal data held about them.

For the purposes of compliance with the Data Protection Act 1998, I hereby give my consent to <Insert Company Name> processing the data supplied in this questionnaire for employment purposes.

**Employee's signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_