

Confidential Medical Questionnaire



Name:	
Address:	
Date of Birth:	
Department:	
Job Title:	
Date	

Have you Ever (tick as appropriate):	YES	NO
Had an operation?		
Been Seriously Injured?		
Had a Serious Physical or Mental Illness?		
Received In-Patient Treatment for a Physical or Mental Condition?		
Been Refused or Dismissed from Employment for Health Reasons?		
Received a Disability Pension?		
Had a Disability?		
Been made Ill by your Work?		
Been Refused a Driver's Licence because of Ill Health?		

So that we can assist you with your job role, if you have answered yes to any of the above, please provide details:

Do you suffer from, or have ever had: (tick as appropriate)	YES	NO
Heart trouble		
Lung disease		
Joint problems (including arthritis)		
Headaches or Migraines		
Diabetes		
Allergies		
High or Low blood pressure		
Asthma		
Muscular Skeletal Problems		
Skin Complaints (inc. Eczema)		
Mobility Problems		
Cancer		
Fits, Blackouts, Epilepsy or Neurological conditions		
Depression or Anxiety		
Kidney or Bladder problems		
Shortness of Breath		

Stomach or Bowel Problems		
Long term or ongoing sight problems		
Long term hearing problems		
Any other condition, impairment or illness which affects or affected your life on a long term basis		

So that we can assist you with your job role, if you have answered yes to any of the above, please provide details:

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Are you currently: <i>(tick as appropriate)</i>	YES	NO
Taking any prescribed medication		
Under the care of a doctor or other medical professional		

Do you smoke?		
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How many units of alcohol do you consume each week on average?	
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I understand that the above information is to determine my fitness to carry out the job role and if any reasonable adjustments may be necessary to allow me to do so.

To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and if the information I have provided is incorrect or misleading, I may be liable to dismissal, or withdrawal of an offer of employment.

Signed:	
Dated:	