HEALTH QUESTIONNAIRE

Note. This document must only be used after you have made an offer of employment to an individual; it should not be sent out with a job application form

STRICTLY CONFIDENTIAL

Reference number:
(to be completed by manager)

For the purposes of the Company's health and safety obligations, candidates who have been offered employment with the Company must complete this form. If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

Applicants Name	Tick as appropriate			
	Male	☐	Female	☐
Option to self-describe:	Prefer to self-describe	☐	Prefer not to say	☐

Address

Date of Birth

Telephone Number

Email Address

Have you ever had:					Additional information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	Yes	☐	No	☐	
Chest pain, heart condition or raised blood pressure, a stroke?	Yes	☐	No	☐	
Epilepsy, blackouts or fits of giddiness?	Yes	☐	No	☐	
Depression, mental illness or nervous breakdown?	Yes	☐	No	☐	
Rheumatism or arthritis?	Yes	☐	No	☐	
Back trouble?	Yes	☐	No	☐	
Typhoid, paratyphoid or other gland trouble?	Yes	☐	No	☐	
Digestive or bowel disease?	Yes	☐	No	☐	
Diabetes, thyroid or other gland trouble?	Yes	☐	No	☐	
Bladder or kidney trouble?	Yes	☐	No	☐	
Dermatitis or skin trouble?	Yes	☐	No	☐	
Allergies?	Yes	☐	No	☐	
Do you have any problems with your sight that are not corrected by glasses?	Yes	☐	No	☐	
Do you have any problems with your hearing?	Yes	☐	No	☐	
Any other accident, operation or illness in the previous five years?	Yes	☐	No	☐	
Have you any reason to believe you may be infected with any communicable disease?	Yes	☐	No	☐	
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	Yes	☐	No	☐	

Do you intend to work night duties on a regular basis?	Yes	☐	No	☐
For how many days has sickness or illness prevented you from attending work in the last year?	Yes	☐	No	☐
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	Yes	☐	No	☐
Any physical or mental impairment which has a substantial and long-term effect on your ability to carry out day to day activities? If yes, please specify any adjustments required in relation to work.	Yes	☐	No	☐

Protecting your data

We require this information to (insert details e.g. confirm the condition of your employment offer is fulfilled, that being the provisions of a satisfactory health check/to determine whether any reasonable adjustments are required for you to fulfil your role).

This information will help us to make decisions about (insert as appropriate e.g. confirming your employment/your working arrangements etc) with the fullest information available to us.

Using the information you have provided in this questionnaire will involve our processing of special category data about your health and this is governed by data protection legislation.

This data will be handled in line with our data protection policies and any obligations imposed by current data protection legislation.

I consent for the information on this form to be processed in accordance with the above

Employee signature:

Date:

Employee declaration:

The information I have provided above is true to the best of my knowledge and belief.

Employee signature:

Date: