

Pre-Employment Health Questionnaire

DATA PROTECTION 1998

All information supplied on this form may be held by the employer and used for the purpose required to process this assessment. It may be referred to Occupational Health for further assessment and for inclusion in anonymous statistics for audit purposes.

To the Applicant:

The above gives details of job requirements, if you have any health problems which could prevent you doing this work, please seek medical advice before completing this application.

TO BE COMPLETED BY THE APPLICANT AND RETURNED TO THE RECRUITMENT TEAM.

Your form will be kept by the Recruitment Team. If a further assessment is considered necessary or when the job requires statutory medical standards, you may be required to attend a health interview or medical examination at the Occupational Health Unit.

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.

PERSONAL DETAILS

Surname/family name: Previous surname(s):	First name(s)/other names:
How do you wish to be addressed in correspondence? MR/MRS/MISS/MS or OTHER (Please state): Address for correspondence: Postcode: E-mail:	Telephone number where you can be contacted: Day: Evening: Mobile N°:

Emergency Contacts

<u>Primary emergency contact</u>	<u>Secondary emergency contact</u>
Name:	Name:
Relationship:	Relationship:
Home address:	Home address:
Telephone number:	Telephone number:

Doctor's Name/Address:

.....

Post Code:Tel No:

(if not registered with a GP please state)

PLEASE ANSWER ALL QUESTIONS – Ensure you sign the form before returning.

	QUESTIONS	YES	NO
1	Do you have, or have you had, physical or mental health problems lasting 3 weeks or longer?		
2	Have you ever had a health problem that may reoccur in the future?		
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, and 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?		
12	Do you have any ALLERGIES		
	List any allergies you may have and the reactions you have to them: Check here if no known allergies to medications.		

Applicant's signature: **Date:**

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 Filltex Ltd.

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