

HEALTH QUESTIONNAIRE

Form HQ

Private and confidential

Ref. No _____

Date: _____

Position offered: _____

Subject to satisfactory health checks)

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.

Have you ever had:	Delete as applicable	Additional Information to "Yes" response
Tuberculosis, asthma, bronchitis or chest problems?	Yes/No	_____
Chest pain, heart condition or raised blood pressure?	Yes/No	_____
Blackouts, fits or attacks 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 infectious disease?	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	_____
Varicose veins?	Yes/No	_____
Vision or Hearing problems?	Yes/No	_____
Any other accident, operation or illness?	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	_____
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 special adjustments required in relation to work.	Yes/No	_____
Do you smoke?	Yes/No	_____
How many units of alcohol do you drink per week? (1 unit = 1/2 pint beer = 1 glass wine = 1 single whisky	[_____]	