



HEALTH QUESTIONNAIRE

PERSONAL DETAILS

*Name:
Address:
D.O.B:
Telephone:
Post Held:
Workplace:

Please ensure that you answer **every** question. Please note that

Yes, does not mean that you are fit for work.

If you answer YES to any of the questions, please give further details overleaf including any treatment or medications that you take also how well your condition is controlled and any problem it causes you.

Pease note that if you do not give further information, this may be returned.

Do you wish to discuss any health concerns you may have with an occupational Health Advisor? YES/NO

		YES /NO	
1.	How many days and on how many occasions have you been absent from work in the last 2 years and what reason?		
2a	Do you suffer from diabetes?		
2b.	If Yes is it under control and your blood sugar stable?		
2c.	Does it require treatment with insulin injections on strict timetable?		

3a.	Do you suffer from any heart disease /problems or circulatory disorders i.e. angina, high blood pressure?		
3b.	If “yes” does this affect your physical stamina in any way?		
4.	Do suffer from Salmonella Infection?		
5.	Diarrhoea / Vomiting for more than 2 days		
6.	Do you suffer, or have you suffered from TB (Tuberculosis) in the past 2 years?		
7.	Do you suffer from Tropical Diseases e.g. Hookworm?		
8.	Skin Rash / Eczema / Dermatitis / other Skin Disease?		
9.	Recurrent Boils / Types / Septic Fingers?		
10.	Discharge from the Ear / Eyes / Nose?		
11.	Typhoid Fever / Paratyphoid Fever / Enteric Fever?		
12.	Dysentery?		
13.	Have you had treatment for any condition relating to the abuse or misuse of alcohol or drugs within the last 5 years?		
14.	Have you ever suffered from a back strain, or other back conditions which may affect your ability to undertake lifting and handling activities safely?		
15.	Do you suffer from depression, Stress, nervous disorders or other mental illnesses?		
16.	Are you pregnant? If yes, state how many months.....		
17.	Have you ever had medical insurance refused, or offered subject to special conditions		
18.	Are you prepared to undergo a medical examination?		
19.	Do you give your consent for us to contact your GP?		

Section C: HEALTH QUESTIONNAIRE

Please ensure that you answer every question. Please note that ticking **Yes DOES NOT MEAN THAT YOU WILL NOT BE FIT FOR WORK.**

Where you have answered “YES “please give further details overleaf including any diagnosis or condition, treatment /medication you take, is your condition well controlled, how long have you had it, and any problems it cause you etc.

COMMENTS BOX

If you have answered Yes to any question, please give further details in this box.

Any other relevant information:

I confirm that the answers to these questions are true and accurate to the best of my belief and knowledge. Any information which is deemed to be false or inaccurate will lead to termination of services.

Signature: _____ **Full Name (PRINT):**
_____ **Date:** _____