

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

1. Personal details:

Surname:		Forename(s):	
Date of Birth:		Telephone:	
Address:			
Name and address of GP:			

2. Occupational history:

Has your employment ever been terminated on the grounds of ill health?

Yes no

Approximately how many days/weeks sickness absence did you have in the last 12 months?

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3. Medical history:

What is your height:		What is your weight:	
What is your weekly consumption of alcohol:			
Do you smoke:			
Are you currently taking prescribed medicine, if yes please disclose:			
Are you currently under the care of a doctor or other medical professional:			

3.1 Are you currently suffering from or have suffered from any of the illnesses listed below:

Heart trouble
 yes no

Lung disease
 yes no

Stomach/bowel trouble
 yes no

Jaundice/hepatitis
 yes no

Joint Problems
 yes no

Headaches/migraines
 yes no

Diabetes
 yes no

Allergies
 yes no

Severe stress reaction
 yes no

Serious accident
 yes no

High blood pressure
 yes no

Asthma
 yes no

Hernia or rupture
 yes no

Kidney/bladder disorder
 yes no

Back/neck problems
 yes no

Fits/blackouts/epilepsy
 yes no

Depression/anxiety
 yes no

Hearing/sight problems
 yes no

Skin problems
 yes no

Surgical operations
 yes no

Mobility problems
 yes no

If you have answered "yes" to any questions in section 2 or 3 – please give details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable us to identify what, if any "reasonable adjustments" can be made.

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal.

Signature:

Date:

I hereby give permission for Recruitment Solutions Ltd to disclose my medical history to clients where appropriate to ensure my personal health and safety.

Signature:

Date: