

MEDICAL QUESTIONNAIRE (Pre - employment)

The applicant is responsible for the accuracy of the statements made. If he/she wilfully suppresses or omits any information he/she will risk loss of appointment.

Section A			
	Yes	No	Details
Are you receiving any treatments or ongoing medication?			
Do you have any allergies?			
Have you lost time at work/college/school due to illness in the last 2 years?			
Have you ever suffered an injury at work requiring time off from work?			
Were you ever discharged from previous employment on medical grounds?			
Have you suffered from or received treatment for MRSA?			

Section B					
Please answer all the following questions by circling Y or N (Yes or No)					
If you answer yes to any of these questions please give details at the end of the medical section.					
Arthritis / Rheumatism	Y / N	Epilepsy, head injuries, vertigo	Y / N	Difficulties with walking / bending	Y / N
Mental Health Problems	Y / N	Eye / Ear Conditions	Y / N	Back injury / problems	Y / N
Alcohol or drug related problems	Y / N	Diabetes	Y / N	Neck injury / problems	Y / N
Anaemia or blood disorder	Y / N	Skin Conditions eg: dermatitis, eczema	Y / N	Heart / Liver or Kidney problems	Y / N
Asthma	Y / N	Bronchitis, persistent cough or wheeze	Y / N	Any other health related problems	Y / N

Section C	
Please give further information on any YES answers from the above questions.	

REHABILITATION OF OFFENDERS (EXCEPTIONS) ACT 1979	
Have you ever been convicted of a criminal offence?	Yes / No
In accordance with the Rehabilitation of Offenders (Exceptions) Act 1979 all convictions must be disclosed (not including traffic offences). Applicants are assured that the information regarding spent convictions will not necessarily disqualify them from consideration.	
<hr/> <hr/> <hr/>	
All successful applicants must undergo and pay for a CRB disclosure on signing of this form you are agreeing to a CRB being carried out and paid for, on offer of employment.	

DECLARATION	
In the signing of this form you are giving your personal permission for your personal data to be stored and processed for the purpose of arriving at a selection decision and, for the successful candidate, future personnel administration.	
You give the employer the right to investigate all references (following acceptance of any position offered) and to secure all additional information about you, if position related. You hereby release from your liability the employer and its representatives for seeking such information and all other persons, corporations and organisations for furnishing such information.	
I understand that the position applied for / offered will be subject to the satisfactory outcome of references and / or a CRB. I declare that all information is accurate at the time of signing and understand that if I have entered any false or misleading information this may lead to termination of any employment offered.	
Signature: _____	Date: _____