**The Cottage Family Centre**

**PRE-EMPLOYMENT HEALTH QUESTIONNAIRE**

**Introduction**

The Cottage Family Centre is committed to the health and safety of its staff. As part of

these commitments, this Pre-employment Health Questionnaire is required to be completed by

all staff prior to taking up employment with us.

**Confidentiality**

The completed form will only be seen by the Board of Directors if you are about to be offered

employment. All other forms will be returned unopened to unsuccessful candidates. In general, therefore, the information given in this form will not be seen by any other staff.

**Strictly Confidential**

**Pre-Employment Health Questionnaire**

An answer must be provided for all questions. The information will be treated **in confidence.**

**PLEASE COMPLETE IN CAPITAL LETTERS**

Surname: ………………………………………………. Title: (Dr, Mr, Mrs, Ms) ……………….

Forenames: ……………………………………………..

Date of Birth: …………………………………………… Sex: …………………………………….

Present Address………………………………………………………………………………………

……………………………………………………………………………………..

Tel. No: ………………..…………………………………

Position applied for: …………………………………….

Name and Address of G.P. …………………………………….……………………………………

Tel No. ………………………….

**Occupational History**

If this section does not apply to you cross it out. Do not leave blank!

|  |  |
| --- | --- |
| Nature of job | Dates |
|  |  |

**Medical History**

Please complete the following questions by ticking the appropriate box. If the answer is ‘yes’, give details including (a) date, (b) amount of time lost from work/school, (c) treatment, as appropriate.

**Have you ever suffered from any of the following illnesses?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | If yes, please give details |
| Visual defects/eye conditions (including colour blindness) |  |  |  |
| Paralysis or other neurological disorder |  |  |  |
| Vertigo, giddiness or tinnitus |  |  |  |
| Kidney of bladder problems |  |  |  |
| Any blood disorder |  |  |  |
| Hayfever, allergies to drugs, animals etc |  |  |  |
| Varicose veins causing trouble |  |  |  |
| Hearing defects/ear conditions |  |  |  |
| Fainting attacks, blackouts, epilepsy or fits |  |  |  |
| Heart disease, high blood pressure |  |  |  |
| Peptic ulcer or other digestive or bowel disorder |  |  |  |
| Gynaecological problems |  |  |  |
| Eczema, dermatitis, other skin conditions |  |  |  |
| Any recurrent infections |  |  |  |
| Hernia |  |  |  |
| Severe anxiety, depression, other psychiatric disorder |  |  |  |
| Recurrent headaches, migraine |  |  |  |
| Asthma, bronchitis, tuberculosis or other chest |  |  |  |
| Liver disorder |  |  |  |
| Recurrent backache, arthritis, rheumatism |  |  |  |
| Diabetes, thyroid or other gland problems |  |  |  |
| Any impairment of immunity to infection  |  |  |  |
| Any other medical condition, physical or mental, not mentioned above |  |  |  |
| Any alcohol or drug related problems or illness |  |  |  |

**Have you**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **If yes, please give details** |
| Ever undergone a surgical operation or been admittedto hospital for any reason? |  |  |  |
| Had more than 20 days sickness absence in the past 2 years? |  |  |  |
| Ever been, or are a Registered Disabled Person? |  |  |  |
| Received a Disability Pension? |  |  |  |
| Suffered from an Industrial Disease/Accident? |  |  |  |
| Had a chest X-ray in the past 12 months – If so stateplace / date / result |  |  |  |

**Present Health Status**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **If yes, please give details** |
| Are you currently attending a doctor? |  |  |  |
| Are you at present on any medication or treatment prescribed by a doctor? |  |  |  |
| Are you a smoker? If so please give details |  |  |  |
| Do you drink alcohol? If so how many units per week? (NB 1 unit is ½ pint of beer or 1 medium glassof wine) |  |  |  |
| Do you have any eyesight defects other than those corrected by glasses? |  |  |  |
| Do you have any hearing problems? |  |  |  |
| Do you have any defect of speech or communication problem? |  |  |  |
| Do you have any physical disability necessitating special aids, or requirements for access to premises? |  |  |  |
| Do you have any other relevant health problems? |  |  |  |
| What is your height? …...ft …...ins or ……m (withoutshoes) |  |  |  |
| What is your weight? ……st ……lbs or ……kgs |  |  |  |

**Declaration**

**1** I declare that, to the best of my knowledge, the information I have given is correct.

**2** I understand that I may be required to attend a medical examination

**3** I understand that failure to disclose relevant information or giving false information may result in termination of my employment.

Signature ………………………………….. Date …………………………………