



HEALTH QUESTIONNAIRE

To be returned in a sealed envelope with completed application form. The information on this form will remain confidential to the Occupational Health Service, who will advise DMWS on your fitness to work in the post for which you have applied. For some positions, you will be asked to attend the Occupational Health Service in person for further screening prior to clearance.

I declare that the information I have given on this form is correct and understand that false or misleading information could lead to my removal from duties.

SIGNATURE: DATE:

Form with fields for TITLE, SURNAME, HOME ADDRESS, POST CODE, TELEPHONE NUMBER, INTENDED ROLE IN ORGANISATION, and FIRST NAMES, MAIDEN NAME, DATE OF BIRTH.

Please give as much detail as possible, continuing on a separate sheet of paper where necessary

Table with 4 columns: Question, YES, NO, If yes, please give details and dates. Rows include questions about current treatment, past illness, and asthma.

	YES	NO	If yes, please give details and dates
Do you have, or have you ever had, any heart condition or high blood pressure?			
Do you have, or have you ever had, any back or neck problems?			
Do you have, or have you ever had, any bone or joint problems?			
Do you have any difficulties with your vision, or ever had any eye diseases or surgery?			
Do you have any hearing problems, or ever suffered any ear disorder?			
Do you have any communication difficulties, written or oral, for which reasonable workplace adjustments may be required?			
Do you have, or have you ever had, any abdominal problems, including gastric or bowel disorders?			
Do you have, or have you ever had, any urinary tract problems or kidney disorders?			
Do you have, or have you ever had, any gynaecological disorders or problems relating to your monthly cycle?			
Do you have, or have you ever had, epilepsy or suffered fits, seizures or blackouts?			
Do you have, or have you ever had, eczema, psoriasis or any other chronic skin disease?			
Do you have any allergies?			
Are you currently pregnant? If so, please give estimated date of confinement			
Do you have, or have you ever had, any chronic blood disease or blood borne virus?			
Do you have, or have you ever had, any mental health problems, including schizophrenia, depression, nervous breakdown, anxiety, stress, eating disorders, self-harm, addictions?			
Have you had any days away from study or work due to illness or injury in the last 2 years? Please give number of days and reasons to the best of your recollection.			

Please complete and bring copies of all immunisation details, blood test results and photo identification to all Occupational Health appointments.

Have you had:	History of infection		Immunisation		Documentation of blood test indicating immunity		Dates (of infection, blood tests and/or immunisations)	
	Yes	No	Yes	No	Yes	No		
Polio								
Tetanus								
Diphtheria								
Typhoid								
Hepatitis A								
Hepatitis B							Primary Course	Boosters
Hepatitis C								
HIV								
Tuberculosis (BCG)								
Heaf/Mantoux test	Result							

FOR OCCUPATIONAL HEALTH USE ONLY

Outcome (enter full details on Cohort)	Date	Name and Signature of OH Practitioner
Fit for post		
Further information required		
Pre-employment health interview		
Pre-employment medical		