

**CONFIDENTIAL OCCUPATIONAL HEALTH QUESTIONNAIRE**

PLEASE REFER TO THE NOTES AT THE BOTTOM OF THE BACK PAGE FIRST THEN ENSURE THAT YOU COMPLETE ALL SECTIONS OF THE FORM. THE INFORMATION YOU GIVE IS CONFIDENTIAL. When completed please return to: THE WIDDOWSON GROUP, MILL LANE, GLENFIELD, LEICESTER LE3 8DX

**APPLICANT TO COMPLETE THIS SECTION**

<b>Surname</b>		<b>Title</b> Mr, Mrs, Dr., etc.	
<b>First name(s)</b>		<b>Maiden Name</b>	
<b>Job title applied for</b>		<b>Sex</b>	
<b>Your address and postcode</b>		<b>Date of Birth</b>	
		<b>Home Phone No.</b>	
<b>GP address and postcode</b>		<b>Work Phone No.</b>	
		Can we contact you at work if necessary?	

**MANAGER TO COMPLETE THIS SECTION**

<b>Employing Manager</b>		<b>Employing Division</b>			
<b>Department</b>		<b>Contract type</b> (Tem/Perm)			
<b>Does this job involve any of the following? (Please tick)</b>					
<b>The job involves:</b>	Yes	No	<b>There is potential exposure to:</b>	Yes	No
Use of vibrating equipment			Excessive dust or fumes		
Driving			Oils		
Working at height or confined spaces			Noise above 80 dB/A		
Working with VDUs			Cleaning agents or chemicals		
Handling foodstuffs			Other hazard (state below)		
Night working					

**TO BE COMPLETED BY THE WIDDOWSON GROUP  
CERTIFICATE OF MEDICAL ASSESSMENT**

<b>FIT FOR EMPLOYMENT IN THE ABOVE POST</b>	
<b>UNFIT FOR EMPLOYMENT IN THIS POST</b>	
<b>FIT WITH RESTRICTIONS AS FOLLOWS:</b>	
	Signed: _____
	Position: _____
	Date: _____

Have you ever been exposed to any of the following? (please tick)

Asbestos		Chromium		Pesticides	
Noise (requiring ear protection)		Lead		Cleaning agents or chemicals	
Paints/solvents/Tars		Excessive Dust/Fumes		Radiation	
Vibrating mechanical equipment					
Other (Please specify):					

**In the past two years**, approximately how many days and on how many occasions have you been absent from work or study due to ill health and for what reasons? **If none please state none**. Give dates to and from where possible. Continue on separate sheet if necessary.

--

1. Have you ever failed a medical or health screen or had any special conditions imposed for any employment service? If yes please give details on a separate sheet.	Yes	No
2. Have you ever been retired on grounds of ill health from any previous employment? If yes please give details on a separate sheet	Yes	No

Please tick and give details. Continue on a separate sheet if necessary.

	Yes	No	Please give details including dates
4. Have you attended hospital, your GP or physiotherapist for any kind of health problem in the last year?			
5. Are you taking any tablets, medicines, injections or ointments regularly? If yes, please state type and dose			
6. Do you have an infectious disease?			
7. Do you remain a carrier of infection e.g. salmonella, Hepatitis B, Hepatitis C, HIV, etc?			
8. What is your current weight?	What is your height?		

Please tick and give details. Continue on a separate sheet if necessary.

<b>Do you have or have you ever suffered from any of the following:</b>	Yes	No	Please give details including dates
9. An alcohol/drug problem?			
10. A psychiatric illness?			
11. A course of counselling for psychological problems?			
12. An overdose or deliberately harmed yourself in any way?			
13. An eating disorder (e.g. anorexia or bulimia)?			
14. A course of anti-depressants?			
15. Any mental illness, anxiety, depression, nervous breakdown, stress-related illness, debility, other psychological problems not answered above?			
16. A post-viral fatigue or chronic fatigue syndrome, for example, M.E.?			
17. Heart/circulatory trouble or raised blood pressure?			
<b>Do you have or have you ever suffered from any of the following:</b>	Yes	No	Please give details including dates
18. Asthma, bronchitis, or any other chest problems?			

19. Any gastric or stomach disorder, including gastro-enteritis or food poisoning in the last three months.			
20. Diabetes, thyroid or other hormone problems?			
21. Stomach, bowel, kidney or urinary problems?			
22. (For female candidates) Menstrual or gynaecological problems?			
23. Hernia?			
24. Severe/recurring headaches?			
25. Fits, blackouts or epilepsy?			
26. Dizziness or problems with balance?			
27. Ear infections, hearing problems, tinnitus?			
28. Eye problems including squint, cataracts or glaucoma?			
29. Any musculo-skeletal problems i.e. back, neck or joint problems?			
30. Problems with arms, wrists, hands or fingers e.g. repetitive strain injury?			
31. Eczema, psoriasis, or other skin problems, i.e. boils, acne?			
32. Discharge from eyes, ears, gums/mouth?			
33. Allergies to anything, including food allergies or latex?			
34. Tuberculosis (TB)?			
35. In the last year have you had a cough for more than 3 weeks, ever coughed up blood or had any unexplained loss of weight or fever?			
36. Have you had any operations, serious accidents or an illness, either physical or mental, not previously mentioned?			
37. Are you awaiting a surgical operation, or medical or psychological assessment?			
<b>38. Have you any difficulty with any of the following activities?</b>			
a). Standing			
b). Walking			
c). Sitting			
d). Stair climbing			
e). Lifting			
f). Work at heights			
g). Work in confined spaces			
h). Driving			
39. In your opinion do you deem yourself medically fit to carry out the post you have applied for?			

**Pregnant Workers** Because of the responsibilities of the Widdowson Group under the EC Directive on pregnant workers (92/85/EEC), and in order to comply with the HSE guidance: 'New and Expectant Mothers at Work', it is the responsibility of the employee to inform the Trust, in writing, of their pregnancy or intention to become pregnant and any issues relating to this that may impact on their health and safety at work.

**DECLARATION:**

I declare that the information I have given on this form is true to the best of my knowledge and belief. I understand that a failure to provide information and/or a submission of inaccurate information relating to my health may result in a breach of contract and disciplinary action being taken which could lead to dismissal.

I am willing to undergo a medical examination if necessary.

Applicant's signature:

Date:

**WHAT THIS QUESTIONNAIRE IS ABOUT**

**Important: Please read the following notes before proceeding to complete each section of this questionnaire.**

**Purpose of questionnaire:** The purpose of pre-employment screening is to ensure, as far as possible, that you are fit for the post you have applied for, and that the work activities you will be required to undertake will not pose an unreasonable risk to your health. Questions are asked about your past and present health. Your (prospective) employer will be notified whether you are fit to carry out the duties of the post offered and any particular support you may require to perform effectively.

**Confidentiality:** All information provided by you in completing this questionnaire will be treated **in the strictest confidence by our HR team**. Please answer all the questions fully and accurately so that your fitness for employment can be assessed objectively.

**Declaration:** You must sign the declaration to confirm that the information you have provided is complete and correct. In doing so, you recognise that **any failure on your part to disclose all relevant information concerning your health could result in the termination of your employment.**

**Disability Discrimination Act:** The Disability Discrimination Act came into force in December 1996. The Occupational Health Service operates and advises in accordance with this Act.