

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE.

DATA PROTECTION NOTICE:

The company requires certain information prior to you commencing employment, to ensure you will be able to perform the requirements of the job and give a reliable service and to ensure compliance with relevant Health and Safety regulations. This information is required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995. The information you provide will be treated in the strictest confidence and used only for the purposes detailed above in compliance with The Data Protection Act 1998.

Full Name:	
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Address:	

Tel No:	
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Name GP:	
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GP Address:	

How many days absence in last 3 years?	
Are you on medication? If so what?	
Have you been hospitalized in last 3 years?	
Do you suffer from illness, injury, medical condition or allergy?	
Do you have a disability? If so what?	

Are you in good health? If No give details	YES/NO
Are you registered disabled?	YES/NO – if Yes - Registration Number.....
Have you any loss of hearing?	YES/NO – if Yes – give details:
Are you receiving medical treatment at present?	Yes/NO – if Yes – give details
Do you have a chronic recurring illness?	YES/NO – if Yes – give details
Have you ever suffered any back strain/	YES/NO – if Yes – give details

DECLARATION:

I declare that to the best of my knowledge and belief, the information given above is true and I understand that employment will be considered subject to the particulars being correct. If offered the position, I agree to bring with me on my first day of employment, my P45 and National Insurance Number, to ensure there is no delay in payment of wages.

** See Notes on Registration Homes Act 1984 over the page.

Signature.....

Date.....



For Official Use:

Date Started.....P45 yes/no NI
Number.....

Date Finished.....P45 given
yes/no.....