



A brighter day, a brighter future.

Occupational Health Questionnaire

Site/Location: _____ Vacancy Reference No. _____

Please complete and return this questionnaire with your fully completed application form. The information given will remain confidential.

Full Name: _____ Position applied for: _____

Medical/Health Information

Do you have any allergies/reactions or intolerances to any food/drink/medication/materials etc? If yes, please give details:

Are there any restrictions on the type of work you can undertake? If yes, please give details:

Will you require any special facilities at work or adaptations to the work environment? If yes, please provide details:

Do you have a medical or physical condition or disability that you think we should be aware of? If yes, please provide details:

Are you currently taking any medication for any condition of which we should be aware? If yes, please give details:

Do you suffer from any reoccurring/regular illness/medical problem. If yes, please give details:

Have you been absent from work for any medical reason for more than 10 days in the past 12 months?

If yes, please give details:

For Health & Safety reasons, please state if you are pregnant or have recently given birth:

Have you been admitted to hospital for any serious illness or operation over the past 3 years?

Please provide details of who to contact in an emergency at work:

Name: _____ Relationship: _____

Daytime Telephone: _____ Evening: _____

Please state, to the best of your knowledge, when/if you had any of the following injections/immunisations/boosters:

Immunisation For	Circle Yes or No	Date Given	Date Next Due
Mumps	Yes / No		
Measles	Yes / No		
Rublella	Yes / No		
Hepatitis B 1st	Yes / No		
Hepatitis B 2nd	Yes / No		
Hepatitis B 3rd	Yes / No		
Tuberculosis	Yes / No		
Polio	Yes / No		
Tetanus	Yes / No		

All employees who work closely with pupils/residents in our care are strongly advised to have a Hepatitis B immunisation.

Please give your G.P details:

Name: _____

Full Address: _____

Your signature: _____ * Date: _____

*In signing this questionnaire you confirm that all information provided is true and accurate to the best of your knowledge. You also accept that in the event of being employed, if it is subsequently shown that relevant medical information has not been disclosed by you, or has been misleading or false, then your employment may be terminated in line with the formal disciplinary procedure.

Failure to complete all sections fully may result in your application being refused or a delay in the confirmation of your employment.

It is imperative to notify a Manager should there be any significant changes in your health status from the date of signing this questionnaire to commencement of employment.

If further information is required from your G.P or specialist, your written consent will be requested first.

Thank you for taking the time to complete this form.