MEDICAL QUESTIONNAIRE

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Your record will be held on file for a short period of time and may be subject to audit.

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| **Personal Information** |
| Title | Surname | First names | DOB |
|  |  |  |  |
| Home Tel: | Work Tel: | Mobile: |
| Home Address: | GP Address: |

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| **Medical History**  |
| **All staff groups complete this section** | Yes | No |
| Do you have any illness/impairment/disability (physical or psychological) which may affect your work? | [ ]  | [ ]  |
| Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?  | [ ]  | [ ]  |
| Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates | [ ]  | [ ]  |
| Do you think you may need any adjustments or assistance to help you to do the job? | [ ]  | [ ]  |

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| **Additional Information** **(If you have answered yes to any questions above please provide additional information below)** |
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| **Tuberculosis**  |  |
| Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006) | Yes | No |
| Have you lived continuously in the UK for the last year (**Include Holidays/ Vacations**) | [ ]  | [ ]  |
|  |
| Have you had a BCG vaccination in relation to Tuberculosis?  | [ ]  | [ ]  |
| If you answered yes please state when | Date |  |
| **Tuberculosis Continued** |  |  |
| Do you have any of the following | Yes | No |
| A cough which has lasted for more than 3 weeks | [ ]  | [ ]  |
| Unexplained weight loss | [ ]  | [ ]  |
| Unexplained fever | [ ]  | [ ]  |
| Have you had tuberculosis (TB) or been in recent contact with open TB | [ ]  | [ ]  |
| **Additional Information** **(If you have answered yes to any questions above please provide additional information below)** |
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| **Chicken Pox or Shingles**  |
| Have you ever had chicken pox or shingles |
| **Yes** | **No** | **Date** |
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| **Immunisation History** |
| Have you had any of the following immunisations  | **Yes** | **No** | **Date** |
| Triple vaccination as a child (Diptheria / Tetanus / Whooping cough) |  |  |  |
| Polio |  |  |  |
| Tetanus |  |  |  |
| Rubella, Measles and Mumps |  |  |  |
| Hepatitis B (If Yes is ticked please give dates) |  |  |  |

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| **Declaration**  |
| I will inform my employer if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.I declare that the answers to the above questions are true and complete to the best of my knowledge and belief. I declare that I am in fit health to carry out the assigned duties to do with my role. I give consent for Compassion PLUS Healthcare to contact my GP should the need arise. |
| **Name** | **Signature** | **Date** |
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