MEDICAL QUESTIONNAIRE

The information you supply in this form will be kept entirely confidential and is needed to ensure the safety of you and others. Any points of uncertainty can be discussed further during your initial interview.

1 The applicant	
First name	
Surname	
Date of birth	

2 Medical History		
Please indicate if any of the following apply or have applied to you in the past. Please give details below where appropriate.		
	Yes	**No**
Circulatory problems such as varicose veins, phlebitis, thrombosis?	☐	☐
Heart problems such as angina, high blood pressure, heart attack?	☐	☐
Chest problems such as asthma?	☐	☐
Diabetes?	☐	☐
Epilepsy or fainting attacks?	☐	☐
Skin disorders?	☐	☐
Recent operation or fracture?	☐	☐
Any current medication?	☐	☐
Back trouble, arthritis, rheumatism?	☐	☐
Injury to bones, joints, tendons, including wrist tendons?	☐	☐
A claim for industrial injury, etc?	☐	☐
Have you worked in an industry with high noise levels?	☐	☐
Any other significant health problems (eyes, hearing, skin)?	☐	☐

3 Details of Medical History			
I hereby declare that the above information is correct to the best of my knowledge.			
Signature		**Date**	

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EMERGENCY CONTACT INFORMATION

Should an emergency situation occur, it is important that the company is aware of the correct relevant people to contact. Any information you supply in this section will also be kept entirely confidential.

4 Emergency Contact			
Please provide details of your next of kin			
Name			
Address			
Postcode		Tel No	
Relationship			

5 General Practitioner (Optional)			
Please provide details of your Doctor			
Name			
Address			
Postcode		Tel No	

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