

Private and Confidential

Ref. No.:

Date: / /

Position offered:

(Subject to satisfactory health checks)

If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.

Additional Information to "Yes" response

Tuberculosis, asthma, bronchitis or chest problems?	Yes/No	<input type="text"/>
Chest pain, heart condition or raised blood pressure?	Yes/No	<input type="text"/>
Blackouts, fits or attacks of giddiness?	Yes/No	<input type="text"/>
Depression, mental illness or nervous breakdown?	Yes/No	<input type="text"/>
Rheumatism or arthritis?	Yes/No	<input type="text"/>
Back trouble?	Yes/No	<input type="text"/>
Typhoid, paratyphoid or other infectious disease?	Yes/No	<input type="text"/>
Digestive or bowel disease?	Yes/No	<input type="text"/>
Diabetes, thyroid or other gland trouble?	Yes/No	<input type="text"/>
Bladder or kidney trouble?	Yes/No	<input type="text"/>
Dermatitis or skin trouble?	Yes/No	<input type="text"/>
Varicose veins?	Yes/No	<input type="text"/>
Vision or Hearing problems?	Yes/No	<input type="text"/>
Any other accident, operation or illness?	Yes/No	<input type="text"/>
Have you any reason to believe you may be infected with any communicable disease?	Yes/No	<input type="text"/>
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	Yes/No	<input type="text"/>
Do you intend to work night duties on a regular basis?	Yes/No	<input type="text"/>
Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	Yes/No	<input type="text"/>
Any physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments required in relation to work.	Yes/No	<input type="text"/>
Do you smoke?	Yes/No	<input type="text"/>
How many units of alcohol do you drink per week? (1 unit = 1/2 pint beer = 1 glass wine = 1 single whisky)		<input type="text"/>