Confidential Medical Questionnaire

To be completed by applicant during the interview process.

Name: Date:

Position/Job:

Do you suffer from or have suffered from any of the following?	Yes	No	Medical treatment details
Alcohol or drug dependencies	☐	☐	
Asthma, hay fever, sinusitis, bronchitis or breathlessness?	☐	☐	
Allergy to any drugs, substances, foods, materials, climate or dust?	☐	☐	
Migraine or severe headaches?	☐	☐	
High or low blood pressure?	☐	☐	
Skin problems, rashes, reactions to substances, dry skin, allergy to bites or stings, or drugs?	☐	☐	
Infectious diseases, e.g. hepatitis, chickenpox, Measles?	☐	☐	
Have you had any vaccinations (including childhood vaccinations) e.g. for travel, work?	☒	☐	
Epilepsy, fainting fits or blackouts?	☐	☐	
Any history of serious illness or injury as a child or as an adult?	☐	☐	
Any fractures, joint pain or injury, muscular strain or sprain, tendon or ligament trouble, back injury or back pain?	☐	☐	
Any problems with varicose veins or feet problems, bunions, swollen ankles?	☐	☐	
Ear Infections, injuries or hearing loss?	☐	☐	
MVA, sporting injuries, work related injury or illness?	☐	☐	
Any claim for injury or occupations illness?	☐	☐	

Have you ever worked in dusty or noisy conditions?	☐	☐	
Injury involving repetitive movements or repetitive lifting, or heavy lifting?	☐	☐	
Are you presently on any medications?	☐	☐	
Have you ever undergone any operations?	☐	☐	

Declaration:

I declare that the above information is accurate to the best of my knowledge. I understand this information is required to ensure the health and safety of myself in carrying out my duties.

If the information given above requires the company to have my treating doctor's approval to perform the tasks, I agree to provide the company a letter from my doctor stating this to be.

Applicant's Signature:

Date: