

**PRIVATE AND CONFIDENTIAL**

This questionnaire asks for information of a personal nature, which is necessary to establish your state of health as there are aspects of work, which requires us to make risk assessments in order to protect both you our candidate and our clients.

As a result of the information given it may be necessary to ask your permission to obtain further information from your GP. This would be done in accordance with the guidelines set out in the access to Medical Reports Acts 1998 and therefore your co-operation and honesty in completing this form is appreciated.

| **Name** |  |
| --- | --- |
| **Date of Birth** |  |
| **Full Address (Including Postcode)** |  |
| **Position** |  |

| **Height** |  |
| --- | --- |
| **Weight** |  |

| **Question** | **Yes / No** | **If yes, please give details** |
| --- | --- | --- |
| Have you had any time off work due to illness or injury over the past 2 years? |  |  |
| Do you take medication regularly? |  |  |
| Have you ever had an operation? |  |  |
| Are you a smoker? |  |  |
| Do you drink alcohol? |  |  |
| Do you have any allergies? |  |  |

**Have you ever suffered from any of the following?**

| **Condition** | **Yes / No** | **If yes, please give details** |
| --- | --- | --- |
| Difficulty with vision or hearing? |  |  |
| Arthritis? |  |  |
| Jaundice? |  |  |
| Back problems? |  |  |
| Epilepsy? |  |  |
| Diabetes? |  |  |
| Heart problems? |  |  |
| High blood pressure? |  |  |
| Blood borne virus (i.e. HIV / hepatitis) |  |  |
| Psychiatric problems? |  |  |
| Dysentery or typhoid? |  |  |
| Asthma? |  |  |
| Bronchitis or TB? |  |  |
| Dermatitis, eczema or psoriasis? |  |  |

**I declare that the information I have given is correct and true**

| **Date** |  |
| --- | --- |
| **Full Name** |  |
| **Signature** |  |