Birchwood Highland

CONFIDENTIAL MEDICAL QUESTIONNAIRE

This form is Confidential and will be detached from your application form.

NAME: **DOCTORS NAME:**

ADDRESS: **ADDRESS:**

NI NUMBER: **DATE OF BIRTH:**

Your Health

Please give details of any major illnesses you have suffered from in the past 5 years?

Do you, or have you in the past, suffered from any of the following?

	YES	NO
Diabetes	❐	❐
Heart disease	❐	❐
Asthma or bronchitis	❐	❐
Stomach, peptic or duodenal ulcers	❐	❐
Epilepsy	❐	❐
Stress or other nervous disorder	❐	❐
Depression	❐	❐
Any mental illness	❐	❐
Alcohol or drug addiction	❐	❐
Thyroid disease	❐	❐

Please give details of any medical condition you suffer from which is not detailed above.

Please give details of any medication you require to take on a regular basis.

Are there any restrictions on the work you can undertake due to your medical condition? (If so, please give details below)

Are there any facilities which you require to be made available within the workplace in order to allow you to work safely? (If so, please give details below)

How many days absence due to sickness have you had in the last 12 months?

It is a condition of employment that you may have to undergo a medical examination prior to or during your employment.

DECLARATION:

I certify that the above information is correct to the best of my knowledge and belief.

Signature:		**Date:**	
Name: (Block Capitals)			