Medical Questionnaire

Surname:_____ Mr/Mrs/Ms/ Forename(s): _____

Work Address:_____

Position:_____ (disabled: Yes/No*)

Please answer the following questions, ticking the appropriate Yes/No box. If you answer 'Yes' to any question please give details in 'Remarks' column.

		Yes	No	Remarks
1	**Have you, *ever in your life*, including childhood, had any of the following:**			
	Allergies, e.g. hayfever, drugs, etc.			
	Blackouts or epilepsy			
	Heart trouble			
	Raised blood pressure			
	Tuberculosis			
	Diabetes			
	Asthma, bronchitis or pneumonia			
	Nervous disorders, 'nerves' or breakdown			
	Dermatitis or other skin disorders			
	Skin infections			
	Back trouble-causing time off work			
	Varicose veins			
	Rupture			
	Fainting attacks			
	Giddiness			
	Recurring stomach trouble			
	Recurring bowel problem			
2	**Have you any disabilities affecting:**			
	Standing			
	Walking			
	Stair climbing			
	Lifting			
	Use of hands: VWF, WRULDS etc (see below).			
	Working at heights			
	Ability to drive motor vehicles			
3	**Have you ever had:**			
	Typhoid fever			
	Paratyphoid fever			
	Ear trouble			
	A running ear			
	Chest trouble with cough and phlegm			
4	**At present are you suffering from:**			
	A cough with phlegm			
	Acne, boils, styes or septic finger			
	Diarrhoea, abdominal pain, fever			
	A running ear			

Continued

* Delete as appropriate

		Yes	No	Remarks
5	Have you visited the dentist within the last six months?			
6	Is your eyesight satisfactory, wearing glasses if necessary?			
7	Are you at present having any injections, or taking pills, tablets or medicines?			
8	Have you ever suffered from any accident or disease requiring hospital admission or operation?			
9	Have you stayed away from work in the last year? If so how long?			
10	Have you had a chest X-ray in the past five years? If yes, was it normal?			

11	Height: m cm	Weight:
Please give any further details of health problems or disabilities, not covered above which could result in absence from work.		

The answers to these questions are accurate to the best of my knowledge. I acknowledge that failure to disclose information may require a reassessment of my fitness and could lead to termination of employment.

Signed:_____ Date:_____

Return to: Terry Soper: Managing Director
Epping Scaffolding Services Limited

Use envelope supplied:

This is a strictly 'CONFIDENTIAL DOCUMENT'.

Held in Personnel File Only.

VWF: Vibration White Finger
WRULDS: Work Related Upper Limb Disorders