Medical Questionnaire

Please complete this form and hand it in on arrival. The information you give will be kept entirely confidential and is needed to ensure the safety to you and others. Any points of uncertainty can be discussed further during your initial interview.

First Name ______________________ **Surname** ______________________

Date of Birth [|] [|] [|] **Starting Date** [|] [|] [|]

MEDICAL HISTORY

Please indicate if any of the following apply or have applied to you in the past. Please give details below where appropriate.

	Yes	No
Circulatory problems such as varicose veins, phlebitis, thrombosis?	☐	☐
Heart problems such as angina, high blood pressure, heart attack?	☐	☐
Chest problems such as asthma?	☐	☐
Diabetes?	☐	☐
Allergies?	☐	☐
Epilepsy or fainting attacks?	☐	☐
Skin disorders?	☐	☐
Recent operation or fracture?	☐	☐
Any current medication?	☐	☐
Back trouble, arthritis, rheumatism?	☐	☐
Injury to bones, joints, tendons, including wrist tendons?	☐	☐
Industrial injury eg/ Noise Induced Hearing Loss, RSI, Hand Arm Vibration, Occupational Stress etc?	☐	☐
Have you worked in an industry with high noise or vibration levels?	☐	☐
Any other significant health problems (eyes, hearing, numbness to fingers, skin)?	☐	☐

Details

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I hereby declare that the above information is correct to the best of my knowledge.

Signature ______________________ **Date** [|] [|] [|]