*\*\*BLUE TEXT SHOULD BE REMOVED BEFORE ISSUE\*\**

***Medical questionnaire***

*A problem for many employers is the risk of hiring a new employee only to find they have long-term health problems that could lead to periods of sickness absence. Use our questionnaire to find out if there’s a problem but only use it after a job offer has been made.*

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| 1. ***Personal information***
 |
| Position: |  | Department: |  |
| Surname: |  | Forename(s): |  |
| Date of birth: |  | Telephone: |  |
| Address: |  | E-mail:  |  |
| GP name: |  | GP address: |  |

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| 1. ***Medical history***
 |
| What is your height? |  | What is your weight? |  |
| Do you smoke? |  |  |
| What is your average weekly consumption of alcohol (in units)? |  |
| Are you currently taking any prescribed medication? *(If yes, provide details.)* |  |
| Are you currently under the care of a doctor, consultant or other medical professional? *(If yes, provide details.)* |  |
| Are you currently suffering from, or have you ever suffered from, any of the illnesses listed below? | **Yes** | **No** | **N/A** | **F/I\*** |
| The effects of an injury |  |  |  |  |
| The effects of surgery |  |  |  |  |
| Heart trouble |  |  |  |  |
| Lung disease |  |  |  |  |
| Stomach/bowel trouble |  |  |  |  |
| Jaundice/hepatitis |  |  |  |  |
| Joint problems/arthritis |  |  |  |  |
| Headaches/migraines |  |  |  |  |
| Diabetes |  |  |  |  |
| Serious allergies |  |  |  |  |
| Severe stress reaction |  |  |  |  |
| High blood pressure |  |  |  |  |

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| 1. ***Medical history***
 |
| Are you currently suffering from, or have you ever suffered from, any of the illnesses listed below?: | **Yes** | **No** | **N/A** | **F/I\*** |
| Asthma |  |  |  |  |
| Hernia or rupture |  |  |  |  |
| Kidney/bladder disorder |  |  |  |  |
| Back/neck problems |  |  |  |  |
| Mobility problems |  |  |  |  |
| Fits/blackouts/epilepsy |  |  |  |  |
| Depression/anxiety |  |  |  |  |
| Hearing/sight problems |  |  |  |  |
| Skin problems, including dermatitis or eczema  |  |  |  |  |
| Cancer |  |  |  |  |
| Auto-immune disease |  |  |  |  |
| Neurological disorder, including any type of neurodivergence |  |  |  |  |
| Do you have any other ongoing physical or mental impairment not already disclosed above which may affect your employment? |  |  |  |  |
| Is there anything else in your medical history or circumstances which might affect your employment?  |  |  |  |  |
| Do you normally enjoy good health? |  |  |  |  |

\* Further information

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| If you have answered “yes” to any of the questions in section 2, please give further details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Equality Act 2010 as it will enable us to identify what, if any, reasonable adjustments can be made. |
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| I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal. If I have not yet started employment, my job offer may be withdrawn. |
| Name *(print)*:  |  | Signature: |  |
| Date completed: |  |  |