

ERITH GROUP HEALTH QUESTIONNAIRE

First name	
Surname	
Address	
Gender	
Email address	
Contact Phone No	
Date of Birth	
Job role	

Have you suffered with any health problems that have caused you to have time off work?

	Y	N		Y	N		Y	N
Stomach/bowel			Back/neck			Mental illness		
Bladder			Ears			Claustrophobia		
Kidney			Eyes			Vertigo		
Heart			Nose or throat			Anxiety/stress		
Hernia			Lungs			Nervous disorder		
Blood Pressure			Sinusitis			Skin disease		
Blood disorder			Tuberculosis			Allergies		
Jaundice			Fainting/dizzy spells			Drug dependency		
Rheumatism/arthritis			Headaches/migraines			Alcohol dependency		
Tendons/ligaments/joints								

If you have answered yes to any of the above, please provide details in the box below

In previous jobs, have you had any significant exposure to

	Y	N		Y	N
Vibration			Hazardous Chemical		
Dust			Skin irritants		
Noise			Lead		
Manual handling			Asbestos		
Cancer causing agents			Mineral oil		
Radiation			Tar		

If you have answered yes to any of the above, please provide details of products, exposure and processes in the box below

Do you suffer from

	Y	N
Aches?		
Pains?		
Tingling?		
Numbness/loss of feeling?		
Skin allergies, eczema, dermatitis?		
Other allergies of which we should be aware?		
Any blood borne disease e.g. hepatitis, HIV?		

Are you

	Y	N
A smoker?		
Asthmatic?		
Epileptic?		
Diabetic?		
Colour blind?		
Dyslexic?		
Suffering any health problems?		

	Y	N
Do you have any physical disability which could affect your work?		
Do you have difficulty hearing for all normal work purposes?		
Do you have difficulty seeing for all normal work purposes?		
Do you currently take any prescribed medicines that make you dizzy or drowsy?		
Have you been told that you suffer from a work-related health problem?		
Do you suffer from a frequent health problem that causes you to be off work more than 2-3 times a year?		
Have you ever had an illness or injury that has kept you off work for more than 3 months?		
Have you ever had to give up any previous job for medical reasons?		

If you answered yes to any of the above, please provide further details in the box below

The information supplied will remain strictly confidential and can be accessed only by authorised personnel. No information will be given outside of the company and all completed forms will be kept and stored in accordance with The Data Protection Act 1998

It may be necessary to obtain a medical report from your GP or other medical advisor, you will be notified if this is the case, and your rights under the Access to Medical Report Act 1988 will be explained to you.

Employee declaration: I declare that the answers contained in this questionnaire are, to the best of my knowledge, true and complete. I understand that should I withhold or give false information, this may result in termination of my employment.

Name	
Sign	
Date	