



PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Please read carefully before completing. The information contained within the completed questionnaire will remain confidential. However, CuroCare may disclose the data to its occupational health provider and any false information given may render you liable to summary dismissal.

Employee Forename:	Employee Surname:
Employee Address:	Date of birth: / /
Postcode:	Position applied for:
	Sex: M / F

Occupational History:

	Yes	No	Comments
Have you ever been advised for medical reasons not to do any particular kind of work?	<input type="checkbox"/>	<input type="checkbox"/>	

Past Medical History:: (please answer Yes/No if you have suffered from any of these conditions & give details if necessary)

Medical Condition	Yes	No	Details
Undue fatigue			
Bronchitis			
Breathlessness			
Allergies (please detail)			
Pneumonia			
Hay fever			
Shortness of breath/persistent cough/wheeze			
Jaundice			
Stomach problem/ vomiting/diarrhoea			
Stomach ulcer			
Hernias			
Bowel problem			
Diabetes Mellitus			
Nervous disorder/mental illness/nerves/anxiety/depression/ phobias/stress			
Dizziness/fainting attacks			
Ear problem i.e. chronic ear infection/perforated ear drum			
Hearing defect			
Epilepsy/fits / blackouts			

Eye problems/eye infections/irritations			
Allergic Reaction to personal protective equipment eg gloves, masks, latex allergy			
Medical Condition	Yes	No	Details
Rheumatic fever			
High blood pressure			
Low blood pressure			
Palpitations			
Heart attack			
Angina			
Asthma			
Other long standing chronic lung problem			
Stroke or TIA			
Heart murmur			
Back problem			
Joint problem			
Swollen legs/leg ulcers/deep vein thrombosis			
Varicose veins			
Kidney/bladder/urinary problems or cystitis			
Rheumatism			
Migraine			
Adverse reaction to drugs			
Glasses/contact lenses for sight purposes			
Skin conditions i.e. contact dermatitis/skin irritation/areas of damaged or broken skin e.g. psoriasis/eczema/ acne			
Alcohol related health problems			

Please detail any serious illness, hospital admission, operation or accident that has caused you to have 5 or more days off work in the last five years.

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Specific questions:

	Yes	No	Comment
Have you had any recent ill health?			
Are you attending a hospital clinic or doctor at the present time? Please give details.			
Have you had Varicella (Chicken Pox)?			
Have you had any other serious communicable disease? If so, please give details.			

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Inoculations:

Have you been inoculated against the following:	Yes	No	Date
Diphtheria			
Hepatitis B			
Tuberculosis (BCG)			
Rubella (German Measles)			
Varicella (Chicken Pox)			
Polio			
Tetanus			
Have you ever undergone a test for HIV?			
Other Please specify:			

Additional Information:

	Details
Number of days sickness in the past year (i.e. in last 12 months)	
Alcohol consumption per week in units (1 unit = ½ pint of beer or 1 glass of wine or 1 measure of spirits)	
Tobacco	
Do you smoke?	Yes No
If yes, weekly tobacco consumption	Cigarettes roll ups

Consent & Declaration

I declare that the information I have given on this document, is to the best of my knowledge, a true and complete account of my medical history.

I consent that this information may be held and processed by CuroCare Ltd under the Data Protection Act 1998.

Further to the company's risk assessment on infectious diseases it has been identified that it is necessary from a health & safety perspective that all staff are vaccinated against Hepatitis B, Tuberculosis and Rubella for both their own safety and the safety of our patients.

I understand and accept that should I be employed by CuroCare Ltd, it will be a condition of my contract of employment to be fully immunised (if not already) against Hepatitis B, Tuberculosis and Rubella within the first three months of my employment and remain regularly immunised.

I understand and accept that if I do not comply with the above obligations or should any information come to light following my employment with CuroCare Ltd which shows that medical information disclosed by myself was misleading or false, CuroCare Ltd may terminate my employment.

Signed: _____
(Applicant)

Date: _____