Confidential

Pre-employment Medical Questionnaire.

To be completed by the candidate prior to examination.

Name	

Home address	

Date of birth	

Marital status	❑ **Single**	❑ **Married**	❑ **Widowed**	❑ **Separated**

Number of children	

Education		
	Secondary	❑
	Third level	❑
	Vocational	❑
	First aid	❑
	Manual handling	❑

Present occupation	

Previous employments	**From**	**To**

Position applied for:	

Do you smoke ?	❑ **Yes**	❑ **No**

Males: Do you drink more than 21 units of alcohol per week ?	❑ **Yes**	❑ **No**
Females: Do you drink more than 14 units of alcohol per week ?	❑ **Yes**	❑ **No**

(1 unit of alcohol = I glass of beer, ½ measure of spirits or I glass of wine)

Do you use illegal substances e.g. cannabis, "E", etc ?	❑ **Yes**	❑ **No**

Yes	**No**	**If yes - Comment**

1 Have you ,ever in your life, including childhood, had any of the following:

Allergies e.g. hayfever, to drugs etc.......			
Blackouts or epilepsy............................			
Fainting attacks....................................			
Giddiness...			
Tingling in your hands or feet			
Heart trouble...			
Raised blood pressure...........................			
Asthma or recurrent wheezing..............			
Bronchitis or pneumonia........................			
Nervous disorders, ”nerves” or breakdown..			
Do you ever have difficulty sleeping			
Skin infections......................................			
Eczema or dermatitis............................			
Backache..			
Joint pains..			
Varicose veins......................................			
Stomach trouble, ulcers..........................			
Recurrent bowel trouble........................			
Diabetes..			
Anaemia...			
Cancer..			
Recurrent sore throats or sinusitis..........			

2 Have you any disabilities affecting:

Standing...			
Walking..			
Climbing stairs.....................................			
lifting...			
Use of hands...			
Working at heights...............................			
Ability to drive a motor car...................			

3 Have you ever had:

Typhoid fever			
Parathyroid fever			
Brucellosis			
Sarcoidosis			
Tuberculosis			
Hepatitis B			
Leptospirosis			
Ear trouble e.g. difficulty in hearing or infections ?			
Chest trouble with cough or phlegm			

4 At present are you suffering from:

A cough with phlegm			
Acne, boils, styes or skin infection			
Diarrhoea, abdominal pain.			

	Yes	No	If yes - comment
5 Have you visited your dentist within the past 6 months ?			

6 **Is your eyesight satisfactory, wearing glasses, if necessary**

7 **Are you colour blind ?**

8 **Are you at present having any medication, injections, inhalers.**

9 **Have you ever suffered from any accident or disease requiring admission to hospital ?**

10 **Have you stayed away from work in the last five years ?**
If yes, state reason.

11 **Have you had a chest Xray or other investigations in the past five years ?**
If yes,
For what reason
What was the result

12 **Are you now in good health ?**

13 **Have you ever suffered from any medical condition or had operations not mentioned above ?**

14 **Have you ever been exposed to any of the following**
Dusts
Lead
Chemicals, including solvents
Radiation
Vibration
Noise
Heavy loads
Sexual harassment
Excessive working hours

15 **Were you ever required to wear personal protective equipment as part of your work ?**

16 **Did you ever have an accident at work ?**
If yes, please state cause and outcome.

	Yes	No	If yes - Comment
17 **Did you ever have an occupational disease or injury ?**			
If yes, please state type			
Did you have to change your job ?			
Did you receive compensation ?			

18 Are you aware of any hazards associated with the job for which you are applying?

If yes, Please specify

19 Do you have any hobbies or interests

20. Have you had the following vaccinations: **Date.**

BCG
Diphtheria
Tetanus
Polio
Hepatitis A
Hepatitis B

Declaration.

I, the undersigned, declare that the answers that I have given to the above questions are accurate and truthful.

I authorise the company to make enquiries from any and all sources that may be deemed appropriate by the examining medical officer.

Signed,

______________________________ (Block Capitals......................................)

Date:...