



Health Questionnaire

Private & confidential

Name _____ Position _____

Your Doctors name _____ Height _____ Weight _____

Are you suffering from or have you ever suffered from:

Back pain yes no

Neck pain yes no

Rheumatic or arthritic conditions yes no

Hernia yes no

Upper limb disorder such as tenosynovitis, tendonitis or carpal tunnel syndrome yes no

Fits, fainting or epilepsy yes no

Depression, anxiety or nervous illness or have been referred for psychiatric assessment yes no

Typhoid, paratyphoid, dysentery or food poisoning yes no

Tuberculosis or hepatitis yes no

Any medical condition not specified above yes no

Have you ever been absent from work as a consequence of any of the above yes no

Are you currently on medication yes no

Have you ever taken time off work due to an accident at work yes no

Have you ever been in receipt of compensation or State benefit as a consequence of an illness or an injury arising from work yes no

I declare the answers to the above questions are true, that I am now in and usually enjoy good physical and mental health. I understand that the non-disclosure of any suppression of any relevant facts know to me may prejudice my employment within the company and may lead to dismissal.

I agree that a medical report may be obtained from my doctor or hospital specialist

Signature _____ Date _____