

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

S13

NAME:.....

DATE:.....

Please answer ALL of the following questions, in order that we may identify those assignments which are most suitable for you.

DO YOU HAVE, OR HAVE YOU EVER SUFFERED FROM:		NO	YES (presently)	YES (In the past)
1	Impaired Hearing (Would you consider your hearing ability to be normal)			
2	Ear infection causing discharge			
3	Impaired vision not corrected by wearing glasses			
4	Eye infection including styes			
5	Colour blindness			
6	Migraine or persistent headaches			
7	Sinusitis			
8	Recurring sore throats			
9	Persistent cough producing sputum			
10	Bronchitis			
11	Hay fever			
12	Asthma			
13	Dermatitis, eczema, psoriasis			
14	Boils or ulcers			
15	Persistent chest pains			
16	Heart disease, heart attack, angina			
17	Unusual shortness of breath on exertion			
18	Faints, dizzy spells, blackouts			
19	Epilepsy			
20	Diabetes			
21	Nervous or mental disorder or depression breakdown			
22	Raised blood pressure			
23	Persistent pain on the joints			
24	Severe back or neck pain			
25	Varicose veins			
26	Rupture or hernia			
27	Glandular trouble e.g. thyroid disorder			
28	Stomach or duodenal ulcers			
29	Frequent indigestion or bowel disorder			
30	Vomiting			
31	Diarrhoea, dysentery, gastro-enteritis, food poisoning			
32	Kidney or bladder infections			
33	Jaundice			
34	Pneumonia or pleurisy			
35	Tuberculosis			
36	Typhoid, paratyphoid, hepatitis			
37	Scarlet or rheumatic fever			

Please answer the following questions	NO	YES	If YES, give details
38			(How many per day?)
39			(How much per week?)
40			
41			
42			
43			
44			
45			
46			(Dates?) (Where?)

Please give **NAME** and **ADDRESS** of your GP.

I confirm that the above answer are true to the best of my knowledge and I understand that deliberate misrepresentation will result in no further assignments being offered to me.

Signature.....

Date.....

Nurse

Signature.....

Date.....