



PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

Introduction

The Samworth Church Academy is committed to the Health and Safety of its staff. As part of this commitment a Pre-employment Health Questionnaire is required to be completed by all applicants wishing to be considered for employment with the Company.

The Samworth Church Academy, in common with all responsible employers, complies with its duties under *The Management of Health and Safety at Work Regulations 1999*. Under the scope of these regulations, we are required to make assessments of any significant risks that employees may be exposed to whilst at work. A “suitable and sufficient” risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work.

In addition, *The Disability Discrimination Act 2005* imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up proposed employment.

This Pre-Employment Health Questionnaire (supplemented where necessary by a further medical assessment), is part of The Samworth Church Academy’s fulfilment of our legal responsibilities in respect of the above legislation.

Confidentiality

In most cases the questionnaire itself will be sufficient for the Company to confirm medical suitability for employment in the proposed occupation. However, in rare instances, The Samworth Church Academy may need to make further enquiries of an individual, or may request that a candidate undergo a medical examination.

All information provided by candidates during the course of the application/selection process will be treated in the strictest of confidence and handled/used in accordance with the requirements of the Data Protection Act 1998.



PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

The information you provide on this form is strictly confidential and is necessary to protect your own health and safety and that of others who may work with or alongside you. Any areas needing further clarification will be discussed at interview stage.

Use block capitals throughout please			
Full Name and Address		Previous Occupations (eg Office Administrator)	
Tel No		Present Employment	
NI Number			
Start Date			
Next of Kin Name and Address		GPs Name and Address	
Tel No		Tel No	
Past and Present Medical History			
Do you have or have you ever suffered from any of the following? (Please tick the appropriate boxes)			
	Yes	No	If Yes please give details with dates
Fainting attacks / fits / blackouts / epilepsy			
Recurring headaches			
Mental illness / nervous breakdown			
Ear trouble or deafness			
Eye trouble or defective vision			
Recurring chest disease eg Bronchitis			
Asthma / hay fever / allergies			
Heart problems such as angina / heart attack			
High blood pressure			
Hernias			
Back or neck problems			
Arthritis, muscle or joint problems			
Skin problems			
Diabetes or thyroid problems			
Urinary / kidney problems			
Recurring bowel problems			
Recurring infections			
Stomach problems eg ulcers			



Do you have any problems affecting	Yes	No	If Yes please give details with dates		
Standing					
Walking					
Climbing Stairs					
Lifting					
Hands/wrists or arms					
Working at heights					
Ability to drive a motor vehicle					
Have you:	Yes	No			
Ever had an operation / serious illness					
Seen a consultant/specialist in the past 5 years					
Had a disease or injury caused by work					
Ever made a claim for industrial injury					
Worked in an industry with high noise levels					
Been refused Life Insurance at normal rates					
Been off sick more than twice in the last year					
Been off sick for more than ten days in the last year					
Are you currently having treatment/medicine from your GP					
Are you registered disabled					
Have you ever had	Yes	No	At present are you suffering from	Yes	No
Ear trouble/discharge/infection			Discharge from ear		
Chest trouble			Acne, boils, styes or septic fingers		
			Diarrhoea, abdominal pains or fever		
If you have answered yes to any of the questions on this form, please provide further information below (including dates)					
Social History					
Height		Weight		Steady/Increasing/Decreasing	
		Yes	No	What type of exercise do you take?	
Do you smoke cigarettes/cigar/pipe?				How often?	
If yes, how many/how much per day?					
Have you ever smoked?				What are your hobbies?	
Do you drink alcohol?					
If yes, how many units per week?					
Declaration					
I certify that the information contained in this questionnaire is, to the best of my knowledge, both true and accurate. I further understand that giving false information will result in disciplinary action which may include dismissal.					
Signature of Applicant _____			Signature of Manager _____		
Date _____			Date _____		

