**Health Questionnaire**

**Private and Confidential**

**If the answer is yes to any of the questions on this form, please give full details in the space provided of the dates, duration and outcome of the illness or condition. If we have any concerns about your fitness for work, employment will be subject to satisfactory medical reports.**

|  |  |  |
| --- | --- | --- |
| **Position Applied For (subject to satisfactory health checks):**  | **Date:** | **Reference Number:** |
|  Support Worker |  |  |
| **Questions**  |
|   | Yes  | No  | Additional Comments  |
| **Tuberculosis, asthma, bronchitis, or chest problems?**  |   |  |   |
| **Chest pain, heart condition or raised blood pressure?**  |   |  |   |
| **Blackouts, fits or attacks of giddiness?**  |   |  |   |
| **Depression, mental illness, or nervous breakdown?**  |   |  |   |
| **Rheumatism or arthritis?**  |   |  |   |
| **Back trouble?**  |   |  |   |
| **Typhoid, paratyphoid, or other infectious disease?**  |   |  |   |
| **Digestive or bowel disease?**  |   |  |   |
| **Diabetes, thyroid or another gland trouble?**  |   |  |   |
| **Bladder or kidney trouble?**  |   |  |   |
| **Dermatitis or skin trouble?**  |   |  |   |
| **Varicose veins?**  |   |  |   |
| **Vision or Hearing problems?**  |   |  |   |
| **Any other accident, operation, or illness?**  |   |  |   |
| **Have you any reason to believe you may be infected with any communicable disease?**  |   |  |   |
| **Any other current or recent medical condition or treatment which might affect your attendance or performance at work?**  |   |  |   |
| **Do you intend to work night duties on a regular basis?**  |   |  |   |
| **Any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?**  |   |  |   |
| **Any physical or mental impairment which has a substantial and long-term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments required in relation to work.**  |   |  |   |
| **Do you smoke?**  |   |  |   |
| **How many units of alcohol do you drink per week?**  |   |  | (1 unit = 1/2-pint beer = 1 glass wine = 1 single whisky)  |