

GLENSIDE MANOR HEALTHCARE SERVICES LTD

PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

STRICTLY CONFIDENTIAL

NAME _____

POST APPLIED FOR _____

Name and address of General Practitioner

Tel _____

Please circle yes or no to the following questions. If any answer is yes, please give further details in the space provided below

Are you under any form of medical treatment/supervision ? Yes/No

Do you expect to be absent from work on medical grounds in the near future? Yes/No

Do you have a disability? Yes/No

Details



Have you ever suffered from any of the following ? Please circle yes or no to all questions and give further details of all questions that you have answered yes to in the space provided.

Serious illness	Yes/No	Serious injury	Yes/No
Heart trouble	Yes/No	Frequent colds/sore throats	Yes/No
Pneumonia or Bronchitis	Yes/No	Asthma or Hay Fever	Yes/No
Coughs/shortness of breath	Yes/No	Recurrent Chest Pain	Yes/No
Severe or frequent indigestion	Yes/No	Diarrhoea/vomiting	Yes/No
Gastro-enteritis	Yes/No	Food poisoning	Yes/No
Tuberculosis	Yes/No	Stomach ulcers	Yes/No
Hernia or rupture	Yes/No	Kidney or bladder problems	Yes/No
Back ache, slipped disc etc	Yes/No	Arthritis	Yes/No
Diabetes	Yes/No	Hepatitis or jaundice	Yes/No
Typhoid	Yes/No	Epilepsy or fits	Yes/No
High blood pressure	Yes/No	Varicose veins	Yes/No
Ear problems	Yes/No	Eye problems	Yes/No
Colour blindness	Yes/No	Skin problems	Yes/No
Depression	Yes/No	Frequent headaches	Yes/No
Sleep disorder	Yes/No	Surgical operations	Yes/No

Night staff only

Are any of the questions answered Yes aggravated by working night duty? Yes/No

Do any health problems you have affect you ability to work on night duty? Yes/No

Details *(Please continue on another sheet if necessary)*

I certify that to the best of my knowledge the information given on this form is true. I understand that should I withhold or give false information my employment may be terminated. I agree that with my consent this form may be seen by Glenside Manor Healthcare Services' Business Management Team.

Signed _____ Date _____

Please put this form into the envelope provided along with your application form. This information will only be used if an offer of employment is made, otherwise it will be destroyed.

