

# Health Questionnaire



Form HR2

## 1, Applicants details

Surname					
First name					
Maiden name					
Home address					
Telephone Home:		Mobile:		Work:	
Date of birth:		Place of birth:			
Height:		Weight:			
GP's name:					
GP Address:					
GP Telephone:					

## 2, Previous employment

	Job title	Employer	location	dates
1				
2				
3				

## 3, General health

	Yes	No	
Are you currently in good health			
Did you take time off for sickness in the last two years, if so how many days			Reasons: Days:
Do you smoke? If so, how many a day			Per day
Do you drink alcohol? Is so, how many units per week			Units per week

(N.B 1 pint = 2 units, 1 sprit measure = 1 unit, 1 glass of wine = 1 unit)

(Please tick appropriate boxes, if yes is answered to any of the questions, please give details of the treatment and medications in the general health comments box below)

	Yes	No
Have you ever left or been denied, a job on health grounds?		
Have you ever experienced any health problems relating to your previous employment?		
Have you ever taken early medical retirement from any position?		
Have you ever been denied a driving licence on health grounds		
Do you consider yourself to be disabled? If so, please give details separately		
Have you any disabilities affecting standing/walking/lifting/seeing/hearing/speaking/driving/stair climbing or use of your hands		
Are you attending an out patients clinic, or are you on a hospital waiting list?		
Have you ever been treated for abuse of an addictive substance?		
Are there any medical conditions that seem to run in the family?		
Have you ever experienced any problems from using display screen equipment?		
Have you ever experienced and problems in confined spaces?		
Have you had any illness or accident that has required admission to hospital or clinic?		
Have you ever had any major operations?		
Are you receiving any treatment from your doctor? (If so describe below)		
Have you every been advised you are unfit for night or shift work?		
Are you taking any regular medication, tablets, injections or inhalers? (details below)		
Have you lived or worked abroad in the last year?		

General Health Comments:

## 4, Specific Conditions

(Please tick appropriate boxes, if yes is answered to any of the questions, please give details in the specific conditions comments box below.)

Are you suffering from, or have you ever suffered from, any of the following:

	Yes	No
Heart disease of any kind		
High blood pressure		
Varicose veins		
Asthma, bronchitis, pneumonia or shortness of breath?		
Tuberculosis?		
Frequent diarrhoea or constipation?		
Stomach or bowel disorders?		
Jaundice, gall bladder or liver disease?		
Hernia?		
Kidney disease or stones?		
Tropical disease?		
Back pain or disorder		
Neck pain or disorder		
Rheumatism or arthritis		
Epilepsy or flicker epilepsy blackouts or fits?		
Neurological conditions (including migraines)		
Mental health problems (including Stress, anxiety etc)		
Any musculo-skeletal problems		
Eye disease or infection		
Visual disability (not corrected by glasses)		
Deafness or ear disease		
Skin disease, eczema, psoriasis		
Allergic conditions		
Diabetes or thyroid disorders		
Blood disorder, anaemia or haemophilia		
Any form of cancer		
Any condition requiring surgery		
Any work related medical condition		
Bladder, prostate, testicular problems (males)		
Irregular or painful periods (females)		
Blood borne virus		
Have you ever been colonised/infected with MRSA		
Do you have or are you carrying a serious communicable disease such as HIV or hepatitis b or hepatitis C?		
Do you believe that any condition or illness that you currently have could affect your judgement or performance?		
Do you have any other medical problems that have not been shown above?		

**Specific conditions Comments –**

If you have answered yes to any of the above, please provide details of the date of occurrence, whether you consulted a GP and/or Consultant, the duration of the illness, time spent off work, and any treatment and medication received.

Large empty rectangular area for providing specific condition comments.

**5, Immunisations**

Hepatitis B dates:		Tetanus	Yes	No
		Tetanus Booster dates:	1	
			2	
Blood Test dates:			3	
		Rubella (German measles)		
		Blood Test date:		
TB Heaf test date:		Have you ever had		
Immune	Susceptible	Chicken pox	Yes	No
Result	Grade 0, 1, 2, 3, 4	Shingles	Yes	No
BCG Vaccination date:		Blood test for above	Yes	No
Polio (Have you ever had a primary course in childhood?)	Yes	No	Immune	Susceptible
Polio Booster Date:				

***Please read this statement carefully before signing***

*You are reminded that as healthcare workers you have an ethical and professional responsibility to ensure that they do not put their patients' safety at risk.*

1. I declare that all the following statements are true to the best of my knowledge. I accept that in the event of my being employed and it is subsequently shown that medical information has not been disclosed by me, or has been misleading or false, the employer may terminate any employment.
2. I understand that I may be required to attend a medical consultation/undergo a physical examination.
3. I understand that although this form will be treated medical in confidence, further medical information maybe requested from my doctor if considered necessary. (Subject to obtaining further consent under the access to Medical Records Act.)
4. I give Lifecare Medics Ltd my consent to (a) hold relevant medical information to process my employment application; (b) computerise my personal and medical information; (c) contact me to arrange appointments and manage my case; including linking my medical history to sickness absence data; and (d) use my medical information to prepare an assessment of my fitness to work in the company.
5. I understand that Lifecare medics will hold my information securely and give me access to my medical information should I request it in writing.

Name Printed:

Signed:

Dated:

Please return this form to:

Lifecare Medics (Recruitment)  
PO Box 181, Cranleigh, Surrey, GU6 9AF.  
Tel: 0871 560 5112  
Fax: 0871 560 5113  
E-Mail: [info@lifecaremedics.co.uk](mailto:info@lifecaremedics.co.uk)

Office Use Only

Vaccinations required:	Yes	No
BCG	Yes	No
Hep B full course	Yes	No
Hep B Booster	Yes	No
Hep b blood test to confirm immunity	Yes	No
VZ	Yes	No
Rubella	Yes	No
Polio	Yes	No
Documentary Evidence Required	Yes	No

General Fitness	Yes	No
Fit	Yes	No
Fit with restrictions	Yes	No
Further medical Evidence (Examination)	Yes	No
Unfit	Yes	No