



PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Camden Group aims to ensure that all employees are placed in a job which is compatible with their health and physical abilities. The completion of this questionnaire will allow an assessment to be made of your health and well being in relation to your proposed employment.

SECTION 1.

Job Applied For

Department

Full Time

Part Time

SECTION 2.

PERSONAL DETAILS

Surname

Forename(s)

Title
(Mr/Mrs/Ms/Miss)

Date of Birth

Home Address

.....

.....

.....

Telephone Number

Name and Address of General Practitioner

.....
.....
.....
.....

Next of Kin

.....

Relationship

.....

Address

.....
.....
.....

Telephone Number

.....

SECTION 3.

Work Related Health History

			IF YES, GIVE DETAILS, DATES AND REASONS
Have you previously worked at Camden Group or in a similar environment?	YES	NO	
Do you have any impairment which may affect your ability to work safely?	YES	NO	
Have you ever left or been denied a job on health grounds?	YES	NO	
Have you ever been denied a driving licence on health grounds?	YES	NO	
Have you ever suffered from any work related health condition?	YES	NO	

Have you consulted a Doctor within the last two years about an illness or disability?	YES	NO	
Did this lead to an absence from work.			How many days

SECTION 4

Health History

DO YOU HAVE OR HAVE YOU HAD IN THE PAST			IF YES, GIVE DETAILS AND DATES AND REASON FOR LEAVING
Do you have angina, raised blood pressure or other heart disease?	YES	NO	
Do you have any eyesight problems not corrected by glasses/contact lens for example, restricted vision, glaucoma etc	YES	NO	
Do you have any hearing problems not corrected with a hearing aid such as restricted hearing, tinnitus, ear infections?	YES	NO	
Are you taking or are you being given any medicines, inhalers, injections or eye/ear drops at the present time?	YES	NO	
Do you have any difficulty in standing, bending, lifting or other movements?	YES	NO	
Have you had any kind of back problem?	YES	NO	
Have you had any neck or shoulder problems?	YES	NO	
Have you had any problems with your joints including pain, swelling and stiffness? For example, arthritis, rheumatism, upper limb disorder, tennis elbow etc	YES	NO	
Do you have asthma?	YES	NO	
Have you had any bronchitis, pleurisy, tuberculosis, coughing up blood, shortness of breath or other chest problems within the last five to ten years?	YES	NO	
Have you had any fits, blackouts or epilepsy?	YES	NO	
Are you a diabetic?	YES	NO	
Have you ever suffered from depression, stress, anxiety or other mental health problems such as panic attacks, sleep deprivation which have caused you to seek medical advice?	YES	NO	

Do you have had in the past had migraine or persistent headaches?	YES	NO	
Have you ever had a drug or alcohol problem including drug or alcohol usage?	YES	NO	
Do you have any allergies including allergies to drugs, animals and pollen?	YES	NO	
Have you ever had any skin problem? For example eczema, dermatitis, psoriasis, recent infection or skin cancer?	YES	NO	
Are you having any hospital treatment or investigations at the moment?	YES	NO	
Are you waiting for any hospital treatment or investigation?	YES	NO	
Do you have any other medical conditions?	YES	NO	
Have you ever had any illness which may have been caused or made worse by your work?	YES	NO	

DECLARATION (TO BE COMPLETED BY ALL APPLICANTS)

I certify that the answers in the above questions are correct to the best of my knowledge.

I understand that if I have withheld information, this may lead to disciplinary action at a later date, which may include dismissal.

Signed

Date: