Pre-employment Health Questionnaire

Introduction

Crosville Motor Services Ltd. 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 Company, 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 Company’s fulfilment of our legal responsibilities in respect of the above legislation.

Confidentiality

If successful in your application, the completed Health Questionnaire form will be held securely by the Company’s Managing Director / Compliance Manager. It will only be retained if you are offered employment. All other forms will be confidentially destroyed by high security shredding once an offer of employment has been made to, and accepted by, the successful applicant. 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 Company 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 Screening

All Interviewees will be advised & subject to a mandatory breathalyser test in line with Crosville Company Policy and the results recorded and attached to their application.

Failure to agree to the screening without documented current medical reasons, why this is not possible, will result in the application for employment not being progressed

Pre-employment Health Questionnaire

Strictly Confidential

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 & Address	**Previous Occupations (e.g. PCV Driver)**
Tel No. _____ **NI Number:** _____	**Present Employment** Start Date : _____
Next of Kin Name & Address	**GP's Name & Address**

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	
Recurring headaches			
Mental illness / nervous breakdown			
Fainting attacks / fits / blackouts / epilepsy			
Ear trouble or deafness			
Eye trouble or defective vision			
Recurring chest disease e.g. Bronchitis			
Asthma / hay fever / allergies			
Heart problems such as angina / heart attack			
High blood pressure			
Skin problems			
Diabetes or thyroid problems			
Urinary / kidney problems			
Hernias			
Back or neck problems			
Arthritis, muscle or joint problems			
Recurring bowel problems			
Recurring infections			
Stomach problems e.g. ulcers			
Have you 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			**PTO**

Have you?	YES	NO	If Yes please give details with dates
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 any 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, stys		
			Dermatitis		
			Diarrhoea, abdominal pains or fever		

If you answered yes to any of the questions on this form, please provide further information below (including dates)

Social History

Height		Weight		Steady / Increasing / Decreasing (*circle)

	YES	NO	What type of exercise do you take?
Do you smoke cigarettes / cigars / pipe?			
If yes how many / how much per day?			How Often?
Have you ever smoked?			
Do you drink alcohol?			What are your Hobbies?
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 from Crosville Motor Services Ltd.,

Signature of Applicant _____ Signature of Manager _____

Date _____ Date _____