NEW EMPLOYEE MEDICAL QUESTIONNAIRE - CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross referenced should be registered on our system by one employer.

		Perso	nal information			=
Title	Surname		First names		DOB	
Home Tel:		Work Tet	Vork Tel:		Mobile:	
Home Address:			GP Address:	GP Address:		

Medical History					
All staff groups complete this section		Nico			
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?					
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?					
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates					
Do you think you may need any adjustments or assistance to help you to do the job?					

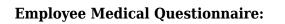
If you have indicated yes to any of the above question's you must provide further details, failure to do so will result in the form been **returned/rejected**.

Additional information
(If you have answered yes to any question above please provide additional information below)

Tuberculosis	1.0	- Lincoln	errenne.
Clinical diagnosis and management of tuberculosis, and measures for its previountrol (NICE 2006)	Yes	No	
Have you lived continuously in the UK for the last 5 years?			
If you answered NO to the above, please list all of the countries that you the lest 5 years, including duration of stay and dates. Have you had a BCG vaccination in relation to Tuberculosis?	have lived in/	visited ov	•
If you answered yes please state when	Date		
Do you have any of the following	Yes	No	
A cough which has lasted for more than 3 weeks			
Unexplained weight loss			
Unexplained fever			
Have you had tuberculosis (TB) or been in recent contact with open TB			

Employee Medical Questionnaire

Y Pai



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