

# BROOKE PRIORY SCHOOL

Station Approach Oakham Rutland LE15 6QW

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## PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

### STRICTLY CONFIDENTIAL

Please provide information relating to your state of health by fully completing the sections below. Please do not leave any blank spaces on the form, even if it means answering 'not applicable'.

The information provided will be treated in strict confidence between the School and its medical advisers which may include the School doctor and/or occupational health adviser.

A disability or health problem does not preclude consideration for employment. Brooke Priory School is an equal opportunities employer and will only take this information into account when considering adjustments necessary to enable you to achieve normal job performance.

As a result of the information provided you might be asked to see a doctor for a medical examination subject to the Access to Medical Reports Act 1988. The School will reimburse any cost charged by the doctor.

### PLEASE COMPLETE IN CAPITAL LETTERS

Title:	Forename:	Surname:
Current address:	Postcode:	
	Sex:	
Contact details:		
Home telephone: _____	Email: _____	
Mobile telephone: _____		

Work telephone: \_\_\_\_\_

Position applied for:	
Name of GP:	Address of GP:
Telephone No.	

<b>Medical History</b>			
Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (a) date, (b) amount of time lost from work, (c) treatment, as appropriate.			
Have you ever suffered from any of the following illnesses?			
	Yes	No	If yes, please give details
Visual defects/eye conditions (including colour- blindness)			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Peptic ulcer or other digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynaecological problems			
Recurrent backache, arthritis, rheumatism			

Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hay fever, allergies to drugs, animals etc			
Any recurrent infections			
Any impairment of immunity to infection			
	Yes	No	If yes, please give details
Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems or illness			
Any other medical condition, physical or mental, not mentioned above			

<b>Have you:</b>	<b>Yes</b>	<b>No</b>	<b>If yes, please give details</b>
Ever undergone a surgical operation or been admitted to hospital for any reason?			
Had more than 20 days' sickness absence in the past 2 years?			
Ever been, or are a Registered Disabled Person?			
Received a Disability Pension?			
Suffered from an Industrial Disease/Accident?			
Had a chest X-ray in the past 12 months - if so state place/date/result			

<b>Present Health Status</b>			
	<b>Yes</b>	<b>No</b>	<b>If yes, please give details</b>
Are you currently attending a doctor?			
Are you at present on any medication or treatment prescribed by a doctor?			
Are you a smoker? If so please give details			
Do you have any eyesight defects other than those corrected by glasses?			

Do you have any hearing problems?			
Do you have any defect of speech or communication problem?			
Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Do you have any other relevant health problems?			

### Workplace Adjustments

The School is committed to supporting individuals with disabilities that may affect them at work in accordance with our duties under Equality Act 2010 (EA).

<p>Do you feel that you have any condition that may constitute a disability under the EA and which may affect your ability to do this job e.g. mobility, physical strength or stamina, sight, hearing, speech, mental illness / impairment etc?</p> <p>If yes, please provide details of any adjustment which may enable you to carry out the role.</p>	<p><input type="checkbox"/>Yes      <input type="checkbox"/>No</p>
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### Declaration

To the best of my knowledge and belief the above information is correct. I believe that I am sufficiently fit and well to undertake employment at the School. I understand that I may be required to attend a medical examination. I understand that if I am appointed, a failure to disclose relevant information or giving false or misleading information may result in termination of my employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_