

ORCHARD HOUSE SCHOOL - PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

1. Personal details

Post applied for	
Surname (in capitals)	
Forename(s)	
Name and address of GP	

2. Occupational history

Other than for maternity leave, has your employment (a) ever been terminated, or (b) been interrupted for more than 10 days consecutively by reason (in either case) of your health?

yes (Give full details on a separate page) no

In any year within the last 5 years, have you had more than 5 days away from work due to illness?

yes (Give full details on a separate page) no

3. Medical history:

What is your height (cm)?		What is your weight (kg)?	
What is your weekly consumption of alcohol in units? (1 unit = 0.5 pint beer or 175ml wine)			
Do you smoke? (If you have given up in last two years, please state when).			
Are you currently taking prescribed medicine? (If yes, state what medicine and for what condition)			
Are you currently under the care of a doctor or other medical professional? (If yes, state for what ailment)			

Are you currently suffering from or have you ever suffered from any of the conditions listed below?

Heart trouble
 yes no

Lung disease
 yes no

Stomach/bowel trouble
 yes no

Jaundice/hepatitis
 yes no

Joint Problems
 yes no

Headaches/migraines
 yes no

Diabetes
 yes no

Allergies
 yes no

Severe stress reaction
 yes no

Serious accident
 yes no

High blood pressure
 yes no

Asthma
 yes no

Hernia or rupture
 yes no

Kidney/bladder disorder
 yes no

Back/neck problems
 yes no

Fits/blackouts/epilepsy
 yes no

Depression/anxiety/breakdown
 yes no

Hearing/sight problems
 yes no

Skin problems
 yes no

Surgical operations
 yes no

Mobility problems
 yes no

If you have answered "yes" to any questions on this page, please give below (or if necessary on a separate sheet) full details and approximate dates where relevant. This is particularly important if you have a qualifying disability under the Disability Discrimination Act 1995, as it will enable the school to identify what, if any, reasonable adjustments can be made.

DECLARATION

I declare that the information I have given is full and true. I understand that if at a later date it is discovered that I have withheld medical information, disciplinary action may be taken against me, which may include dismissal.

Signature:

Date: