

**Health Questionnaire**

This questionnaire asks for information of a personal nature but it is necessary to establish your 'health status'. There are aspects of work which require us to make risk assessment in order to protect our employees and our clients. A result of the information given it may be necessary to request your permission to obtain further information from your General Practitioner. This would be done according to the guidelines of the Access to Medical Reports Act 1988, and therefore your cooperation and honesty in completing this questionnaire is appreciated.

Please tick the answer appropriate to you:

1. Have you had time off from work in the past two years due to sickness? YES/NO
2. If the answer to Q1 is Yes How many days?.....
3. Do you take regular medication? YES /NO
4. Have you ever had an operation? YES/NO
5. Have you ever been a patient in hospital? YES/NO
6. Are you awaiting a hospital admission or outpatient appointment? YES/NO
7. Do you smoke? YES/NO
8. Do you drink alcohol? YES/NO
9. Are you allergic to anything? YES/NO

if you've circled yes, then list here \_\_\_\_\_

1. Have you ever or do you now suffer from : (please circle all that apply) Diabetes/ Epilepsy/ Asthma, bronchitis or TB/ Heart disease or high blood pressure/ Jaundice/ Blood borne virus (i.e. hepatitis/HIV) / Back problems/ Arthritis/ Any psychiatric problems/ Difficulty with vision or hearing/ Dysentery or typhoid/ Dermatitis, eczema or psoriasis

1. Please give last date of immunisation or vaccination of:  
 Rubella (German measles)  
 Tuberculosis  
 Tetanus  
 Hepatitis B

1. Last chest x-ray and date:
1. Have you ever been in contact with a person suffering from tuberculosis (TB)? YES/NO
1. When did you last consult your GP and why?

1. Name and address of your GP: \_\_\_\_\_

1. Your Height: \_\_\_\_\_  
 Your Weight: \_\_\_\_\_  
 Distinguishing marks: \_\_\_\_\_

1. Is there any additional Information regarding your health not covered above?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare that the information I have given is correct and true to the best of my knowledge. Withholding information may lead to summary dismissal and may invalidate insurance.

Signature (applicant):

Date:

**VHM Personal Only**

**Any Concerns:**

**Actions:**

**Name:**

**Date:**