Priority – Employment Medical Questionnaire

PRIORITY
DESIGN • PRINT • MAIL

1. Name _____

2. Occupational History

If you answer "yes" to any questions in **section 2 or 3** – please give details in the **Important Information and Notes** box in **section 4.**

Has your employment ever been terminated on the grounds of ill health? ☐ **Yes** ☐ **No**

Approximately how many days/weeks sickness absence did you have in the last 12 months?

Do you consider yourself to have a disability? ☐ **Yes** ☐ **No**

Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process. This is particularly important where you have a qualifying disability under the Disability Discrimination Act 1995.

3. Medical History

Are you currently taking prescribed medicine? ☐ **Yes** ☐ **No**

Are you currently under the care of a doctor or other medical professional? ☐ **Yes** ☐ **No**

Are you currently suffering from or have suffered from any of the illnesses listed below:

Heart trouble?
☐ **Yes** ☐ **No**

Stomach/Bowel Trouble?
☐ **Yes** ☐ **No**

Mobility Problems?
☐ **Yes** ☐ **No**

Jaundice/Hepatitus?
☐ **Yes** ☐ **No**

Joint Problems?
☐ **Yes** ☐ **No**

Headaches/Migraines?
☐ **Yes** ☐ **No**

Diabetes?
☐ **Yes** ☐ **No**

Allergies?
☐ **Yes** ☐ **No**

Severe Stress Reaction?
☐ **Yes** ☐ **No**

Serious Accident/Surgical Operations?
☐ **Yes** ☐ **No**

High Blood Pressure?
☐ **Yes** ☐ **No**

Asthma/Hayfever?
☐ **Yes** ☐ **No**

Hernia or Rupture?
☐ **Yes** ☐ **No**

Kidney/Bladder Disorder?
☐ **Yes** ☐ **No**

Back/Neck Problems?
☐ **Yes** ☐ **No**

Fits/Blackouts/Epilepsy?
☐ **Yes** ☐ **No**

Depression/Anxiety?
☐ **Yes** ☐ **No**

Hearing/Sight Problems?
☐ **Yes** ☐ **No**

4. Important information and notes

If you answer "yes" to any questions in **section 2 or 3** – please give details. Provide approximate dates where relevant.

Declaration

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed.

Signed _____ Date _____

If unsuccessful in this application we may want to hold your personal information for a maximum of 12 months for future positions.

☐ **Please tick this box to allow us to do so**