

## EMPLOYMENT HEALTH ASSESSMENT QUESTIONNAIRE

Post Applied for:

Post Number:

This questionnaire will be used to assess whether there are any health issues relevant to the proposed work and to guide NobleCare on any special requirements you may have during employment. Advice regarding fitness for work will be given to your employing officer in general terms; detailed clinical information will not be revealed without your consent. If further information is required from your GP or Specialist this will only be obtained with your written consent. In returning this questionnaire you confirm that all information provided is true to the best of your knowledge. You also accept that in the event of being employed, if it is subsequently shown that medical information has not been disclosed by you, or has been misleading or false, then you could become liable to disciplinary proceedings that may include dismissal. You need only complete this questionnaire AFTER an offer of employment has been made to you.

**THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.**

### 1. PERSONAL DETAILS

Last Name:

First Name:

Address:

Postcode:

Daytime Telephone No:

Home Telephone No:

Mobile Telephone No:

E-mail address:

Can we contact you at work?

Yes

No

### 2. GENERAL PRACTITIONER (G.P.) DETAILS

Name of General Practitioner:

Address:

Postcode:

Day time Telephone No:

E-mail address:

### 3. LIFESTYLE

**Alcohol Intake – Do you drink alcohol?** Yes No

How many units of alcohol do you drink in a week - 1 unit of alcohol = 1 measure of spirits, ½ pint of beer or 1 glass of wine ?

**Smoking – have you smoked tobacco products within the last three years?** Yes No

How much do you or did you smoke each day? If you have stopped smoking please provide the date you gave up?

### 4. WORK RELATED HEALTH HISTORY

This section asks for health and medical details related to work, past and present. Please tick YES or NO to every question. If you tick YES to a question, please give full details in the space provided and continue on a separate sheet if required. If you are unsure whether any details are relevant, you must include them.

4.1 Have you previously worked at NobleCare as an employee or in a voluntary capacity? Yes No

»» If yes please give details & dates

4.2 Have you been absent from work or full time study due to ill health during the last 24 months (including due to illnesses such as colds etc)? Yes No

»» If yes please give details & dates

4.3 Have you been absent from work for ANY other reason (except for annual leave) during the last 24 months? Yes No

»» If yes please give details & dates

4.4 Has your ability to work been impaired for any health related reason over the last 24 months? Yes No

»» If yes please give details

4.5 Has your ability to work been impaired for ANY OTHER reason over the last 24 months? Yes No

»» If yes please give details

4.6 How many days have you had off from work (except for annual leave) over the last 24 months? Yes No

»» If yes please give details

4.7 Have you ever left, or been denied a job on health grounds? Yes No

»» If yes please give details

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4.8 Have you ever been denied a driving licence on health grounds?	Yes	No
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»» If yes please give details

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4.9 Do you have any penalty points on your driving licence?	Yes	No
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»» If yes please give details

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4.10 Have you EVER been disqualified from driving?	Yes	No
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»» If yes please give details

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4.11 Are you aware of having any disability that is covered by the Disability Discrimination Act?	Yes	No
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»» If yes please give details

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4.12 Have you any disabilities affecting sight, hearing, standing, sitting, walking, lifting, driving, stair climbing, and use of the hands or ability to carry out any work required for the position applied for?	Yes	No
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»» If yes please give details

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4.13 Have you ever suffered from any work-related health conditions?	Yes	No
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»» If yes please give details

## 5. HEALTH HISTORY

This section asks for health and medical details, past and present. Please tick YES or NO to every question. If you tick YES to a question, please give full details in the space provided and continue on a separate sheet if required. If you are unsure whether any details are relevant, you must include them.

**Within the last seven years, have you a) seen a GP or other healthcare professional b) received treatment c) experienced symptoms for any of the health problems listed below:**

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5.1 <b>Breathing or respiratory disorders</b> e.g. Asthma, bronchitis, pleurisy, tuberculosis, persistent cough, chest infections, coughing up blood, colds, flu.	Yes	No
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»» If yes please give details & dates

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5.2 <b>Heart or cardiovascular disorders</b> e.g. Coronary artery disease, chest pains, circulation problems, varicose veins, high blood pressure, venous ulcers, heart attacks	Yes	No
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»» If yes please give details & dates

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<b>5.3 Glandular disorders</b> e.g. Diabetes, thyroid, hormonal problems	Yes	No
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»» If yes please give details & dates

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<b>5.4 Brain or nervous system disorders</b> e.g. Stroke, migraines, repeated headaches, MS, epilepsy, nerve pain, fits, blackouts, paralysis	Yes	No
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»» If yes please give details

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<b>5.5 Stomach, intestines, liver or gallbladder</b> E.g. Ulcer, colitis, repeated indigestion, irritable bowel, change in bowel habits, hepatitis, piles, rectal bleeding	Yes	No
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»» If yes please give details

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<b>5.6 Urinary problems</b> e.g. Bladder, kidney or prostate problems, urinary infections, incontinence, kidney	Yes	No
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»» If yes please give details

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<b>5.7 Skin problems</b> e.g. Eczema, Rashes, dermatitis, psoriasis, acne	Yes	No
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»» If yes please give details

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<b>5.8 Muscle or skeletal problems</b> e.g. Arthritis, cartilage and ligament problems, back and neck problems, sprains, joint replacements, gout, sciatica, rheumatism, tennis elbow	Yes	No
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»» If yes please give details

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<b>5.9 Ears, nose, throat, or eye problems</b> e.g. – hay fever, tonsillitis, sinusitis, cataracts, eye infections, glaucoma, deafness, ear infections, tinnitus	Yes	No
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»» If yes please give details

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<b>5.10 Blood disorders and infectious disease</b> e.g. HIV, TB, hepatitis, sexual infections, anaemia, other blood or body fluid borne illnesses	Yes	No
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»» If yes please give details

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<b>5.11 Allergies</b> e.g. Allergies to drugs, animals and pollens	Yes	No
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»» If yes please give details

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<b>5.12 Reproductive system problems</b> e.g. Pregnancy and/or childbirth problems, heavy or irregular periods, fibroids, endometriosis, abnormal smears	Yes	No
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»» If yes please give details

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<b>5.13 Cancer, tumours, growths, cysts or moles that itch or bleed</b>	Yes	No
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»» If yes please give details

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<b>5.14 Dental Problems</b> e.g. wisdom teeth, abscess, gingivitis	Yes	No
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»» If yes please give details

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<b>5.15 Psychological disorders</b> e.g. depression, schizophrenia, anorexia, bulimia, compulsive disorders, stress, anxiety	Yes	No
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»» If yes please give details

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<b>5.16 Are you receiving medical treatment at the present time?</b>	Yes	No
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»» If yes please give details

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<b>5.17 Do you take any regular medication?</b>	Yes	No
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»» If yes please give details

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<b>5.18 Are there any other health issues that have not been mentioned earlier?</b>	Yes	No
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»» If yes please give details

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## 6. IMMUNISATION HISTORY

This section asks for a history of your immunisations and tests. Please tick YES or NO to every question. Please include details of the date of tests and the test results.

Immunisations & Blood Tests	Dates and Results	
Hepatitis A	Yes	No
Hepatitis B	Yes	No
BCG	Yes	No
Typhoid	Yes	No
Rubella	Yes	No
Chicken pox	Yes	No

## 7. DECLARATION

### A. Statement to be Signed by the Applicant

I declare that all the foregoing statements and information in this form is and remains true and complete, to the best of my knowledge and belief. I understand that if the information I provide or have provided in this questionnaire contains any material gaps, or omissions, my employment may be terminated or benefits might not be payable. If I am unsure whether any particular fact is material or not, I have disclosed it to the best of my knowledge and ability.

I understand and accept that I may be required to attend for an Occupational Health assessment.

I understand and consent to the seeking of further medical information from my doctor if considered necessary under the Access to Medical Reports Act 1988.

By returning this form I understand that this means I have given consent and agree that the above conditions apply.

Signed:

Date:

NobleCare undertakes to treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

## RETURNING THIS FORM



### By Hand or Post:

NobleCare  
Human Resources  
Britannia House  
11 Glenthorne Road  
Hammersmith  
London W6 0LH

### By E-Mail:

recruitment@noblecare.co.uk

### Enquiries:

Telephone: 020 8748 2527