WHARFEDALE
Occupational Health Services

hands on Occupational Health

The purpose of this health questionnaire is to obtain information about your present state of health to assess whether you may have any medical condition which could affect safety of you or others whilst carrying out your duties at work. We will then be able to advise your manager on your fitness to effectively carry out the duties required of you in your post. The information you provide is held in confidence and will be retained within your Occupational Health Records.

The referring manager will be informed only of your fitness to fulfil the duties required of you or any recommendations to help you maintain safety at work (such as needs to wear glasses, colour deficient etc)

Name:		Address:	
Date of Birth:		Company:	
GP:		NI No/company ID	

Previous Occupations (last 3)			
Employer	Occupation	Length of Service	
Did you leave any occupation due to health reasons?		Y/N	Details:
How many sick days did you take last year?		No of days:	Details:
Do you have any disability which may affect your ability to carry out your job?		Y/N	Details:

Your Health – please tick and give details

	Yes	No	Details:
Do you have any significant past or present medical conditions?			
Are you taking any tablets, medicines, inhalers, injections or ointments regularly? If yes please state type and dose.			
Have you been to the Optician in the last two years?			
Do you have any eye problems or vision defects?			
Do you have any problems with mobility, e.g. walking, bending, crawling, stooping, etc?			
Do you drink alcohol? If so how many units (1pt=2 units)			
Are you able to wear the PPE provided?			

Do you have or have you ever had any of the following?	Yes	No	Details: continue below if required
Diabetes?			
Fits/epilepsy/blackouts/dizziness?			
Heart/circulation problems such as vibration white finger/reynauds?			
Blood pressure?			
Asthma, bronchitis or chest problems?			
Indigestion, gastric ulcers, bowel problems?			
Jaundice,gallbladder or liver problems?			
neck, back or joint disorders?			
hearing or balance problems?			
Depression/anxiety/panic attacks/nervous debility?			
Skin problems? Eg eczema/psoriasis/dermatitis?			
Alcohol or drug dependency?			
Migraine or severe headaches?			
Any other health issue not listed above?			
Have you ever been treated for anything not listed above?			
When did you last see your GP?			
Do you consider yourself to be in good health?			
Additional information:			

Employee declaration:

I declare that the above information is correct to the best of my knowledge, I understand this health assessment does not replace any statutory medicals required for vocational driving licence such as LGV.

Signed.....Print Name.....Date.....