

Pre-employment Medical Questionnaire



STRICTLY CONFIDENTIAL

According to the information provided on this questionnaire, it will be decided whether or not Two Counties Community Care Limited will request your permission to contact your GP to determine whether any medical conditions are of relevance to the position for which you are applying.

All questions must be answered. Do not leave blank spaces. If in doubt and you wish to consult your GP/Medical Adviser please advise us before completing this form.

Although you should record all health issues, only aspects of health relevant to the job applied for will be taken into account. Please ask for additional paper if you need extra space to supply information.

Post Applied for :	
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SECTION A APPLICANT DETAILS

<i>Title</i>	Miss/Mrs/Ms/Mr	<i>Surname</i>		<i>First name</i>	
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SECTION B MEDICAL DETAILS

1	How many days have you had sick in the last two years? days
2	If you have had any periods of absence from work due to sickness for more than two weeks in the last two years please give details.	
3	Are you at present receiving medical treatment/medication?	YES/NO
	If YES, please give details	
4	Have you ever been considered medically unfit for any previous employment, life insurance policy, HM Forces or a driving licence?	YES/NO
	If YES, please give details	
5	Has any abnormality ever been detected as a result of a chest x-ray?	YES/NO
	If YES, please give details	
6	Are you at present suffering from, or have suffered in the last five years from, any of the following?	
	Defective vision (not corrected by glasses or contact lenses)	YES/NO
	Persistent cough / spitting blood	YES/NO
	Bronchitis / Emphysema	YES/NO
	Recurring stomach/bowel trouble	YES/NO
	Tuberculosis	YES/NO
	Recurring bladder trouble	YES/NO
	Asthma	YES/NO
	Pneumonia / Pleurisy	YES/NO
	Fits / blackouts / fainting attacks / Epilepsy	YES/NO
	Back strain or trouble/pain	YES/NO
	Breathlessness	YES/NO

Two Counties Community Care Limited, Barn 5, Great Wincey Farm, Brenthall Road, Finchingfield, Essex, CM7 4JZ
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Hernia rupture	YES/NO	
Diabetes	YES/NO	
High blood pressure	YES/NO	
Anxiety or depression, schizophrenia	YES/NO	
Rheumatic fever	YES/NO	
Drug/alcohol problems/dependence	YES/NO	
Stroke	YES/NO	
Epilepsy	YES/NO	
Ear trouble/deafness	YES/NO	
Chest disease/pain	YES/NO	
Varicose veins	YES/NO	
Serious injury/accident	YES/NO	
Severe hay fever or any other allergy	YES/NO	
Muscle or joint trouble	YES/NO	
Arthritis/knee or hip replacement	YES/NO	
Recurring headaches or migraines	YES/NO	
Skin trouble/rash/dermatitis/eczema/psoriasis or any other skin condition	YES/NO	
Typhoid / Dysentery	YES/NO	
Kidney disease	YES/NO	
Mental/nervous illness	YES/NO	
Stress	YES/NO	
Heart disease	YES/NO	
Bowel trouble	YES/NO	
Serious illness/operation	YES/NO	
Head injury / Concussion / Giddiness	YES/NO	
Fear of enclosed / open spaces	YES/NO	
Thrombosis / leg or foot problem	YES/NO	
Colour blindness	YES/NO	
Any other significant infection	YES/NO	
If you have answered YES to any of the above, please give brief details, including dates where possible, continue on a separate sheet if necessary.		
7	Have you had any periods of continuous illness of two weeks or more during the last five years?	YES/NO
If YES, please give details. How many periods of absence does the total number of days taken cover?		
8	Are you registered disabled or do you have any disability which you consider would impact on the job for which you are applying?	YES/NO
If YES, please give details		
9	Please indicate if you have any disabilities which affect:	
	Standing	YES/NO
	Manual handling	YES/NO
	Walking	YES/NO
	Use of your hands	YES/NO
	Bending/stretching	YES/NO
	Climbing stairs	YES/NO
10	Are you aware of any health problems, symptoms or injuries associated with your current/past job(s)?	YES/NO
If YES, please give details		

11	Have you ever had to change jobs or works assignments because of a health problem or injury?	YES/NO
	If YES, please give details	
12	Have certain types of work caused you significant strain in your limbs or back?	YES/NO
	If YES, please give details	
13	Have you been in hospital during the last 5 years?	YES/NO
	If YES, please give details	
14	Have you lived outside of the UK for longer than 6 months within the last 5 years?	YES/NO
	If YES, please give details	
15	Do you expect to ask for leave of absence on medical grounds in the near future?	YES/NO
	If YES, please give details	
16	Do you smoke?	YES/NO
	If YES, please state how many per day	
17	Is there any information regarding your health which is not given above but should be taken into account? If none, please write 'NONE'	YES/NO
	If YES, please give details	

SECTION C VACCINATIONS

Have you ever been vaccinated for any of the following:
It is advisable for you to ensure that your vaccinations are up to date.

	Yes or No (Please circle)	Date
Tuberculosis		
BCG / Matoux / Heaf / TME		
Rubella (German Measles) Test		
Rubella (German Measles) Vaccine		
Tetanus		
Polio		
Hepatitis B		

SECTION D DECLARATION

I hereby declare that all the above answers are, to the best of my belief, true and complete and I have not withheld any information, which would help in determining my medical fitness for the post for which I am being considered.

I understand that it will be a condition of my employment with Two Counties Community Care Limited that The Commission for Social Care Inspection and any other professional organisations may have access to my personal records at the discretion of the Directors.

I understand that failure to disclose any material information could lead to my appointment being terminated.

If it is necessary to obtain a medical report from your GP or other medical adviser you will be notified by letter. In such cases, your rights under the Access to Medical Reports Act 1988 will be explained to you. The same

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rights would also apply if, at any time in the employment of TCCC Limited, medical advice were sought about your fitness for work.

Name
(Please print your name)

Signature
(Please sign)

Date

Thank you for completing this form