

CONFIDENTIAL

SHARED APPROACH LTD

MEDICAL QUESTIONNAIRE

We ask all employees/ applicants to fill out this short medical questionnaire and return it as soon as possible in the envelope provided. For certain positions applicants may be required to have a medical examination and you will be informed if that applies to you. Also, please note that Shared Approach does not discriminate on the basis of disability or chronic illness.

NAME		PHONE NO	
ADDRESS		D.O.B.	
		PLACE OF BIRTH	

Post applied for	
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1. Have you had any of the following **within the last five years**, which have necessitated time off work?

Please circle whichever answer applies.

Heart trouble	YES	NO	Diabetes	YES	NO
Chest Trouble	YES	NO	Tropical disease	YES	NO
Arthritis	YES	NO	Psychiatric problems Including depression	YES	NO
Blood disease	YES	NO	Eye problems	YES	NO
Kidney disease	YES	NO	Skin problems	YES	NO
Digestive problems	YES	NO	Back problems or Rupture	YES	NO
Asthma	YES	NO			

If you have answered YES to any of the above questions please give details on a separate sheet.

2. Have you ever had any of the following **within the past five years**?

Recurrent headaches	YES	NO	Persistent cough Lasting more than two weeks	YES	NO
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Blackouts, dizzy spells Or fits	YES NO	Persistent cough with phlegm lasting more than 2 wks	YES NO
Nervous trouble Including panic attacks	YES NO	Emotional problems requiring medical attention	YES NO
An alcohol or other Drug dependency	YES NO		

If you have answered YES to any of the above questions please give details on a separate sheet.

3. *Is your sight within normal limits with glasses or lenses if worn?*

YES NO

4. How many days pf absence have you had, in total, each of the past three years?

Year	No of days	Cause

5. Has there ever been any medical reason for you leaving a job?
If YES state the reason.

6. Do you anticipate asking for leave of absence at any time during the first year of your appointment for any reason, e.g. hospital treatment, etc. If YES state the reason. (NB for new starters ONLY)

7. Are you under medical treatment at the moment and if so for what?

8. Your GP's Name and address.

I DECLARE THAT:-

- a) All statements contained in the above answers are true. I consent to Shared Approach's Managing Director requesting medical information from my general practitioner and any other doctor who has attended me at any time and authorise the giving of such information.
- b) I understand that any deliberate mis-statement may render me liable to dismissal, if engaged in the meantime.

Signature

Date

Thank you for completing the questionnaire please be assured that the contents are only available to the Managing Director. If you are not appointed the questionnaire will be destroyed by shredding, thus ensuring confidentiality.