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Equal Opportunities Mon

**Health and Fitness questionnarie**  - PR26

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| **Please answer the following questions** | | Yes | No |
| **1** | Do you have, or have you ever had, any significant health problem, impairment / disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks  set out in the job description of the post offered? |  |  |
| **2** | Do you have, or have you ever had, any illness, impairment or disability that may have been caused or made worse by your work? |  |  |
| **3** | Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health? |  |  |
| **4** | Are you having, or waiting for, any medical treatment or investigations at present? |  |  |
| **5** | Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? |  |  |
| If you answered 'yes' to any of the above questions, please provide details below: | | | |
|  | | | |
| Immunisation status (Please specify your immunisation status and any immunisation needs you have for the role - optional) | | | |

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| **Applicants Declaration**  Circle Yes / No as appropriate | | **Read and Understood** | |
| **1** | I confirm that the information given above is complete and correct. I understand that any incomplete, untrue or misleading information given will entitle the employer to reject my application, withdraw any offer of employment, or, if I am employed, dismiss me without  notice. | Yes | No |
| **2** | By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above. | Yes | No |
| **3** | I agree that NDH Care Ltd reserves the right to require me to undergo a medical examination to assess my suitability for work. | Yes | No |
| **4** | I do not wish to complete the questionnaire, and I do not wish to have a free health assessment. | Yes | No |
| **5** | Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **Print Name** | **Signature** | **Date** |
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