



Excellent Care Ltd

The True Meaning for Care

HEALTH CHECK QUESTIONNAIRE

POSITION APPLIED

PERSONAL DETAILS:

Surname:

First Name:

Address:

Post Code:

Contact Tel:

Mobile:

GP Contact Details:

Please answer all the following questions by giving relevant details

1. Have you ever suffered from any of the following:

- | | | |
|--|-----------------------------|------------------------------|
| a) Depression, anxiety state, nervous illness or breakdown | No <input type="checkbox"/> | if Yes, <input type="text"/> |
| b) Epilepsy or disease of the nervous system | No <input type="checkbox"/> | if Yes, <input type="text"/> |
| c) Ailment of lungs or chest | No <input type="checkbox"/> | if Yes, <input type="text"/> |
| d) Spinal problem (backache) | No <input type="checkbox"/> | if Yes, <input type="text"/> |
| e) Arthritis, Rheumatism or Gout etc | No <input type="checkbox"/> | if Yes, <input type="text"/> |
| f) Any heart or circulatory, including blood problems | No <input type="checkbox"/> | if Yes, <input type="text"/> |
| g) Illness of the kidneys, bladder, liver or glands | No <input type="checkbox"/> | if Yes, <input type="text"/> |
| h) Diabetes | No <input type="checkbox"/> | if Yes, <input type="text"/> |
| i) Skin disorder | No <input type="checkbox"/> | if Yes, <input type="text"/> |

2) Are you presently taking medication or undergoing treatment. If so give details

3) What is your average daily consumption of:

Alcohol

Tobacco

4) Are you a registered disabled person?

No ☐

Yes ☐

5) Details of any industrial disablement benefit received:

6) How many working days have you been absent from during the last 12 months (apart from holidays)

7) Are you now pregnant?

No ☐

Yes ☐

N/A ☐

8) Additional details: (If necessary)

DECLARATION

I confirm that the information given within this form is true and accurate. I hereby give consent for this information being used for personnel administration and business purposes.

Signature

Date

DD / MM / YYYY

Name

Once complete please send it to the respective branch