Medical

Questionnaire

# Applicant Details

First Name Surname

RAJA

AYESHA

Doctor’s Name Telephone Number

DR. PATEL

If yes, please provide details

Yes

No

0208 732 8080

Jai Medical Centre,

42 Station Road,

London

Hendon,

NW4 3SU

Address

# Medical Details

How many days have you had sick in the last two years?

9 weeks

What was the nature of this sickness?

6 weeks – Sciatica.

3 weeks – Chest Infection

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:

6 weeks – Sciatica. – Doctors note provided. Mid-June 2019 to 31st July 2018

2 weeks – Chest Infection with vomiting. 5th October 2020 to 19th October 2020

Are you at present receiving medical treatment/medication?

Yes

Receiving Roaccutane from the hospital due to severe acne and scars.

Have you ever been considered medically unfit for any previous employment, life insurance policy, HM Forces or a Driving Licence?

N/A

If yes, please provide details

Yes

No

Are you at present suffering from, or have suffered in the last five years from any of the following.

vvvvv

Defective vision (not corrected)

Persistent cough / spitting blood

Bronchitis / Emphysema

Recurring stomach / bowel trouble

Tuberculosis

Recurring bladder trouble

Back strain or trouble / pain

Pneumonia / Pleurisy

Hernia rupture

High blood pressure

Asthma

Breathlessness

Fits / blackouts / fainting attacks / epilepsy

Diabetes

Anxiety or depression or Schizophrenia

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Rheumatic fever

Drug / alcohol problems / dependence

Stroke

Epilepsy

Ear trouble / deafness

Chest disease / pain

Muscle or joint trouble

Serious injury / accident

Recurring headaches or migraines

Typhoid / Dysentery

Mental / nervous illness

Heart disease

Serious illness/operation

Varicose veins

Arthritis / knee or hip replacement

Severe hay fever or any other allergy

Skin trouble / rash / dermatitis / eczema /

psoriasis or any other skin condition

Kidney disease

Stress

Bowel trouble

Head injury / Concussion / Giddiness

Fear of enclosed / open spaces

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Thrombosis / leg or foot problems

Colour Blindness

Any other significant infection

Speech or communication problems

Any other relevant health problems

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

If you have answered **YES** to any of the above, please give brief details, including dates where possible:

Suffered from lower back pains since the age of 14.

Developed Sciatica last year, but have had lower back pains since secondary school.

Have you had any periods of continuous illness of two weeks or more during the last five years?

2

If yes, please provide details

Yes

No

How many periods of absence does the total number

of days taken cover?

Are you registered disabled or do you have any disability which you consider would impact on the job for which you are applying?

If yes, please provide details

Yes

No

Please indicate if you have any disabilities which affect:

Standing

Manual handling

Walking

Use of your hands

Bending / stretching

Climbing stairs

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

Are you aware of any health problems, symptoms or injuries associated with your current / past job(s)?

N/A

If yes, please provide details

Yes

No

Have you ever had to change jobs or works assignments because of a health problem or injury?

N/A

If yes, please provide details

Yes

No

Have certain types of work caused you significant strain in your limbs or back?

Lifting boxes or heavy things puts strain onto the back.

Standing for too long.

If yes, please provide details

Yes

No

Have you been in hospital during the last 5 years?

If yes, please provide details

Yes

No

Have you lived outside of the UK for longer than 6 months within the last 5 years?

If yes, please provide details

Yes

No

Do you expect to ask for leave of absence on medical grounds in the near future?

There will be days where I will have server back pain, this will happen very rarely however when it does happen, I am usually bed bound.

Do you smoke?

If yes, please provide details

Yes

Yes

No

No

If yes, please state how many cigarettes per day

Do you need any special aids/adaptation to assist you in performing the job effectively?

If yes, please provide details

Yes

No

Is there any information regarding your health which is not given above but should be taken into account?

If yes, please provide details

Yes

No

# 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 I may be required to attend a medical examination.
* I understand that failure to disclose any material information could lead to my appointment being terminated.

Name Date

Ayesha

Raja

AyeshaRaja

Signature