



NEW EMPLOYEE MEDICAL QUESTIONNAIRE

CONFIDENTIAL

The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by Superior Healthcare and may need to be seen by either an occupational health advisor or physician. Your record will be held on file for a short period of time and may be subject to audit. Your file may also be used to cross reference and ascertain your fitness should you register with other clients of Superior Healthcare.

Personal Information			
Title	Surname	First names	DOB
Miss			
Home Tel:	Work Tel:	Mobile :	
Home Address:		GP Address:	

Medical History		
All staff groups complete this section	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?		
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?		
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates Do you think you may need any adjustments or assistance to help you to do the job?		

If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being returned/rejected.

Additional Information

(If you have answered yes to any questions above please provide additional information below)

Tuberculosis

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)	Yes	No
Have you lived continuously in the UK for the last year (Include Holidays/ Vacations)		
If you answered NO to the above, please list all of the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.		
Have you had a BCG vaccination in relation to Tuberculosis?		
If you answered yes please state when	Date	

Tuberculosis Continued

Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks		