



OPTIMA HEALTH

PRE-PLACEMENT HEALTH QUESTIONNAIRE

F-CG-012A

Issue 3 – 14/09/11  
(MSFT – 16/11/11)

**Section 1 - Information** (*This section MUST be completed by the Microsoft Human Resources / Line Manager*)

Applicant / Employee name: \_\_\_\_\_ Start date:     /     /

Region / Work Location: \_\_\_\_\_ Manager: \_\_\_\_\_

Business unit / department: \_\_\_\_\_ Reference: \_\_\_\_\_

Job title: \_\_\_\_\_

Job hazards (*please indicate any special health hazards which the job is likely to involve*)

Work can be stressful at times ☐ Work using display screens ☐ Regular overseas travel ☐

Work involving driving ☐ Other (*please specify below*) ☐

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 - Assessment** *To be completed by the OPTIMA HEALTH Nurse/Doctor*

FIT FOR SPECIFIED EMPLOYMENT ☐ REFERRED FOR FURTHER OPINION ☐

FIT WITH RESTRICTIONS SUGGESTED BELOW ☐ MEDICAL EXAMINATION REQUIRED ☐

UNFIT ☐

Doctor's/ Nurse's  
Signature \_\_\_\_\_

Doctor's/Nurse's  
Name \_\_\_\_\_  
(BLOCK CAPITALS)

Job / post title \_\_\_\_\_

Fitness certificate issued \_\_\_\_\_ Date     /     /

Medical comment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read the following before completing the questionnaire**

- This questionnaire will be retained by OPTIMA HEALTH Ltd, the organisation's Occupational Health provider. It will be used to assess your capability for the role and to guide the organisation on any special adjustments or health requirements you may have during employment. Clinical information will not be released by OPTIMA HEALTH Ltd without your consent.
- If any further information or clarification is required then an occupational health professional will contact you generally by telephone to arrange a suitable time for a discussion..
- In completing this questionnaire you confirm that all information provided is true to the best of your knowledge.
- Failure to complete all sections fully may result in a delay in the start of your employment.
- It is imperative to notify your Human Resources contact should there be any significant changes in your health status from the date of signing this questionnaire to commencement of employment. A further assessment of your health may be required.
- **Data Protection Act 1998** - Personal information generated by completion of this form provides a medical view of your fitness for the role or specific task. Without this information your assessment of fitness will not proceed further. Your consent will be sought for any other use of all or part of this confidential medical data.
- **This Pre-placement form will be processed on the proviso that a conditional job offer has been made.**
- **Access to Medical Reports Act 1988** - If further information is required from your GP or Specialist, this will only be obtained by OPTIMA HEALTH with your written consent. All such medical information will be kept in strict medical confidence by the occupational health staff. Your consent will be sought for any other use of all or part of this confidential medical data.

**I have read, and accept, the terms and conditions. ☒**

**Section 3 - Personal Details**

Surname	<u>Gaina</u>	Forename(s)	<u>Raluca</u>	<u>Daniela</u>
Title	<u>Miss</u>	Date of Birth	<u>22 / 07 / 1993</u>	Sex M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Home Address	<u>330 Rhodeswell Road</u>	Home Telephone	<u>07842148320</u>	
	<u>London</u>			
	<u>UK</u>	Mobile Telephone	<u>07842148320</u>	
Postcode	<u>E14</u>	7UF	email address	<u>r.d.gaina@qmul.ac.uk</u>

Section 4 - Personal History		Yes	No
1. Do you consider yourself to be in <b>good health</b> ? If no, please provide details .....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you think you have a <b>disability</b> ? If yes, please provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you think you will be <b>restricted for medical reasons</b> from carrying out any part of this particular job? If yes, please provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Do you think you will need any adjustments or modifications at work to help you undertake the type of work you have applied for? If yes, please provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Do you have any health difficulty which would cause you to have difficulties getting to and from work? If yes, please provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you been <b>absent from work or study</b> for any medical reason for more than ten days in the past twelve months? If yes, please provide details with dates .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever had to <b>give up a job</b> for medical reasons? If yes, please provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have any work activities caused or aggravated any health problems? If yes provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you been restricted or prevented from doing any work activities due to health problems in the past 12 months. If yes provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Are you currently taking any <b>prescribed medication</b> on a regular basis (excluding contraceptive pills)? If yes, please provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Are you waiting for admission to hospital for any investigations or treatment? If yes, please provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Is there any other health related information which may impact upon your ability to perform the duties of this post? If yes, please provide details .....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Declaration</b>			
I declare all medical information given by me to OPTIMA HEALTH is true & accurate to the best of my belief & knowledge			
<b>Name</b>	Raluca Gaina	<b>Date</b>	12. 03. 2018
<b>Signature</b>	Raluca Gaina		