



Pre-employment Medical Questionnaire

PRIVATE AND CONFIDENTIAL

Please complete in BLOCK CAPITALS

Position applied for?

1. Personal Details

Full name: Mr/Ms/Mrs/Miss

Address

Post Code

Home Telephone (including STD code)

Mobile

E-mail Address

Name of GP

Address of GP

Post Code

Group Head Office: 70 Boston Road, Beaumont Leys, Leicester LE4 1AW

Tel: 0116 236 6523

Web: www.markgroup.co.uk

2. Occupational History

Approximately how many days sickness absence did you have?

In the last twelve months:

In the year prior to that:

Do you expect to ask for leave of absence for medical reasons during the next 12 months?

Yes No

If YES please indicate approximate dates and for what?

Are you comfortable working at height?

Yes No

Are you comfortable working in confined spaces?

Yes No

A. Have you ever	Yes	No	Please give details if you have answered YES to any of these questions
1. Had an operation			
2. Have you previously sustained any injuries as a result of an accident, whether at work or otherwise?			
3. Received in-patient treatment for a physical or mental condition?			
4. Been refused or dismissed from employment for health reasons?			
5. Received a disability pension?			
6. Are you disabled?			
7. Been made ill by your work?			
8. Been refused a driving licence because of ill health?			

3. Do you suffer from or have you ever had?

(If you answer YES can you please give details)

Ailment	Yes	No	Ailment	Yes	No
Diabetes			Skin Rashes/Eczema		
High Blood Pressure			Anaemia		
Asthma			Headaches/Migraines (frequent)		
Cough (frequent)			Heart Trouble		
Rheumatic Fever			Chest Trouble		
Arthritis/Joint Problems			Fainting or Dizziness		
Epilepsy/Fits			Hay Fever		
Shortness of Breath			Jaundice/Hepatitis		
Swelling of Legs/Ankles			Varicose Veins		
Rupture/Hernia			Ear Trouble		
Eye Trouble			Repetitive Strain Injury		
Kidney/Stomach/Bowel/Bladder Trouble			Back or Neck Trouble		
Other Muscular Ailments i.e. Shoulder/Elbow/Knee			Depression, Anxiety, Stress, Nervous Illness		

If you have answered YES to any of the above questions please provide more details:

Are you allergic to wasp or bee stings?

Yes No

Are you allergic to Penicillin, Tetanus, Aspirin Paracetamol, or any other medication? (If YES, please state what)

Yes No

Additional Information

1. Do you take medication regularly? Yes No

2. Does the medication you are taking have any affect on your driving ability?
(If YES, please indicate how) Yes No

3. Have you previously worked in a dusty trade?
(If YES, please give details) Yes No

4. Have you ever worked with vibrating machinery?
(If YES, please give details) Yes No

5. Do you suffer from any other ailments not listed?
(If YES please give details) Yes No

4. Declaration

PLEASE READ CAREFULLY BEFORE SIGNING

I declare the enclosed information to be true and accurate in every respect. I understand and accept that the provision of false information would be a breach of trust, sufficient to allow my employer to take disciplinary action, which may result in dismissal.

I consent under Data Protection legislation to the company processing the information I have provided on this Questionnaire for the purpose of assessing my health and suitability for employment. I understand and agree that the information will be retained for as long as the Company deems necessary and that the information may be passed to a third party such as a Medical Assessor for comments.

Signed _____

Dated _____

Printed _____

Please return completed form to:

Mark Group Ltd, HR Department, 70 Boston Road, Beaumont Leys, Leicester LE4 1AW