

SOUTH WALES SEA FISHERIES COMMITTEE



Pre Employment Health Questionnaire

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Introduction

We are committed to the health and safety of our employees. As part of this commitment, this Pre-employment Health Questionnaire is required to be completed by all people prior to taking up employment with the organisation. The organisation, like every employer is bound by *The Management of Health and Safety at Work Regulations 1992*, which are supplemented by an Approved Code of Practice. We are required to make assessments of risks to which employees may be exposed at work, and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition *the Disability Discrimination Act 1995* imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up proposed employment. This Pre-Employment Health Questionnaire, supplemented where necessary by a further medical assessment, is part of the organisation's fulfillment of our legal responsibilities in respect of the above two pieces of legislation.

Confidentiality

The completed form will only be seen by the organisation's Human Resources Advisor and Health & Safety Officer if you are about to be offered employment. In the vast majority of cases the questionnaire will be sufficient for the Medical Adviser to confirm medical suitability for employment in the proposed occupation. However, in a very few instances, the Medical Adviser may need to make further enquiry of an individual, or may require a medical examination. In some instances action may be required by the organisation to reduce potential risks or to improve the ability of a new member of staff to perform the full duties of the job.

Medical History

Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (i) date, (ii) amount of time lost from work/school, (iii) treatment, as appropriate.

Have you ever suffered from any of the following illness:

Questionnaire	Yes	No	If Yes, please give details
Visual defects/eye conditions (including colour-blindness)			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Peptic ulcer or other digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynaecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hayfever, allergies to drugs, animals etc			
Any recurrent infections			
Any impairment of immunity to infection			
Varicose veins causing trouble			

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Hernia			
Any alcohol or drug related problem or illness			
Any other medical condition, physical or mental, not mentioned above			

Have you:

Questionnaire	Yes	No	If Yes, please give details
Ever undergone a surgical operation or been admitted to hospital for any reason?			
Had more than 20 days' sickness absence in the past 2 years?			
Ever been, or are a Registered Disabled Person?			
Received a Disability Pension?			
Suffered from an Industrial Disease/Accident?			
Had a chest X-ray in past 12 months. If so state place/date/result			

Present Health Status

Questionnaire	Yes	No	If Yes, please give details
Are you currently attending a doctor?			
Are you at present on any medication or treatment prescribed by a doctor?			
Are you a smoker? If so please give details			
Do you drink alcohol? If so how many units per week? (NB 1 unit is ½ pint of beer or 1 medium glass of wine)			Units on average
Do you have any eyesight defects other than those corrected by glasses?			
Do you have any hearing problems?			
Do you have any defect of speech or communication problem?			
Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Do you have any other relevant health problems?			
What is your height?		ft ins orm (without shoes)
What is your weight?		stlbs or kgs

Declaration

- (1) I declare that, to the best of my knowledge, the information I have given is correct.
- (2) I understand that I may be required to attend a medical examination.
- (3) I understand that failure to disclose relevant information or giving false information may result in termination of my employment.

Signature

Date