



CONFIDENTIAL HEALTH QUESTIONNAIRE

Clinical details on this questionnaire are confidential to the Office Manager however general advice based on it will be part of Signet Healthcare Ltd assessment on your fitness to work.

Failure to disclose information or knowingly make a false statement may have implications for your employment with Signet Healthcare Ltd.

Personal Details

Surname:..... First Names:.....

Gender: Male/Female Date Of Birth:.....

HomeAddress:.....

Home Telephone No:..... Mobile No:

GP's name:GP's Telephone No :.....

GP's Address:

.....

Please answer **EVERY** question. Tick under "YES" or "NO" as appropriate. If the answer is "YES" please give brief detail

	HAVE YOU EVER HAD:	YES	NO	BRIEF, DETAILS OF ALL PAST AND PRESENT CONDITIONS	DATES
1.	Severe headaches or migraine				
2.	Fits, convulsions or epilepsy				
3.	Depression, anxiety or mental ill health				
3a.	Any attempts at self-harm				
3b.	An eating disorder (e.g. anorexia., bulimia)				
3c.	Counselling, psychotherapy or psychiatric treatment				
3d.	A problem with alcohol consumption or other substance misuse				
4.	Eye conditions, injuries or serious defects of vision not corrected by lenses				
5.	Ear infections, discharge, hearing loss/deafness				
6.	Frequent sore throats or sinusitis				
7.	Asthma., hayfever, allergies (including Antibiotics)				

8.	Bronchitis, pneumonia or chronic lung condition				
9.	Lung tuberculosis				
9a.	Coughing up blood				
9b.	Cough for more than 3 weeks in the last year				
10.	Heart disease, angina., raised blood pressure or circulation disorders				
11.	Blood disorders e.g. sickle cell disease, haemophilia or anaemia				
12.	Dysentery, typhoid fever, food poisoning, gastro-enteritis or chronic diarrhoea				
13.	Frequent/severe indigestion or gastric/duodenal ulcers				
14.	Hernia				
15.	Excessive weight gain or loss				
16.	Diabetes				
17.	Kidney or bladder (urinary) condition/infection				
18.	Severe back, neck pain or disc trouble				

19.	Difficulties in bending or lifting				
20.	Varicose veins or foot problems				
21.	Eczema., dermatitis or other skin conditions				
22.	Any disorder of the immune system requiring treatment with steroids				
22a.	Splenectomy				
23.	Have you ever had chickenpox				
24.	Have you ever, to your knowledge, been infected with Hepatitis B, Hepatitis C or HIV				
25.	Any operations or are you on a hospital waiting list (please specify)				
26.	Any accident resulting in severe injury				
27.	Are you taking any medication or drugs				
28.	Are you attending your GP or a specialist on a regular basis				
29.	Have you had any work related illnesses				
30.	Have you ever left or changed any job due to ill health				

31.	Do you have a disability				
32.	Any other conditions or health problems				

Have you had a chest X-ray? Yes/No Date:..... Result:.....

Do you smoke? Yes/No If "yes" how many per week:

Do you drink alcohol? Yes/No If "yes" how much per week:

Number of days/weeks absence from work in the last year due to illness or injury. Please give reasons:

To the best of my knowledge and belief my answers to the above are true and complete. I acknowledge that failure to disclose information may result in termination of my contract. I understand that subject to information supplied, I may be invited to attend the Office Manager's office for an interview/further health assessment and subject to my approval, my GP/Hospital Doctor may be approached for further information.

Signed: Date:

IMMUNISATION DETAILS

Have you been immunised against or tested for the following?

Tuberculin skin test method (e.g. Heat)	Date:	Grade:
Tuberculosis (BCG)	Date:	Scar size in mm
Rubella (German Measles) immunisation	Date:	
Rubella antibody screen	Date:	Result:
Varicella (chickenpox) antibody screen	Date:	Result:
Tetanus - Primary course dates: 1. 2. 3.	Booster dates: 1. 2.	
Polio - Primary course dates: 1. 2. 3.	Booster dates: 1. 2.	
Hepatitis B Primary course dates: 1. 2. 3.	Booster dates: 1. 2.	
Hepatitis B antibody titre date:	Result (mIU/ml)	

Typhoid - Primary course dates: 1. 2.	Booster dates: 1. 2.
Hepatitis A Primary course dates: 1. 2.	Booster dates: 1. 2.

ALL STAFF WHO PERFORM EXPOSURE PRONE PROCEDURES ARE REQUIRED TO SUBMIT LABORATORY DOCUMENTARY EVIDENCE OF HEPATITIS B STATUS PRIOR TO COMMENCING EMPLOYMENT - FAILURE TO DO THIS WILL DELAY YOUR START DATE.

Signed: Date:

Print Name: