

Pre-employment health questionnaire

Employee name:	[insert name]	
Job Role:	[insert details]	
Date:	[DD-MM-YYYY]	
Question No.	Question	Choose your answer
1.	Do you have any physical or mental health condition which affects, or is likely to affect, your ability to carry out this role or carry out your normal day to day activities?	
2.	Is your eyesight normal (with glasses/contact lenses if worn)?	
3.	Do you have any hearing difficulties?	
	Do you suffer from any long term or recurrent medical condition requiring regular medication, treatment or therapy?	
4.	(a) Do you regularly take tablets or medicine that have any side effects?	
	(b) If so, what do you take and what are the side effects of the medication? (c) If so, do you need to take medication according to a strict timetable?	[insert details]
Do you suffer from any of the following?		
5.	Epilepsy, recurring blackout or fits	
6.	Fainting attacks or giddiness	
7.	Migraine or severe recurring headaches	
8.	Angina or any other heart condition	
9.	Kidney trouble or urinary infection	

10.	Stomach or intestinal disorders	
11.	Back or neck pain, sciatica, or slipped disc	
12.	Bronchitis, asthma, or pneumonia	
13.	Dermatitis, eczema or any other skin trouble	Yes
14.	Any condition which causes difficulty sleeping	

If you have circled any answers as Yes in response to the above questions, please give very brief details below setting out the nature of your condition, how it affects you now or how it may affect your ability to do your job. Please also set out any adaptations you need to undertake the job you have applied for. [insert details]

The business will process the personal data collected in connection with this questionnaire in accordance with its data protection policy, its policy on processing special categories of personal data and any internal privacy notices in force at the relevant time. Inappropriate access or disclosure of personal data will constitute a data breach and should be reported immediately to [insert name of data representative] in accordance with the business's data protection policy. Reported data breaches will be investigated and may lead to sanctions under the business's disciplinary procedure.

If you have ticked 'yes' in relation to any of the above health questions, we may request your consent for a medical report so that we can better understand any workplace adjustments that are required, or how this information may impact any requirements of the role you have applied for.

I confirm that the above information I have given is correct to the best of my knowledge.

Signed:..... []

Date: [DD-MM-YYYY]