



# Work Health Assessment

## Applicant Information (For completion by the applicant)

Title: Dr/Mr/Mrs/Miss/Ms Surname: .....

First Name(s): .....Date of birth: .....

Home Address: .....

.....

Tel: (Work) ..... Tel: (Home) .....

Telephone (Mobile): .....

Job title: \_\_\_\_\_ Date started: \_\_\_\_\_

Full time: Yes/No Part time: Yes/No Number of hours: .....

Permanent: Yes/No Temporary: Yes/No How long? .....

-----

The medical information you provide will be treated in the strictest confidence and will be read by the Human Resources Manager. The purpose of this health assessment is to ensure so as far as possible that you are able to perform the tasks that are intrinsic to your post and to protect your own and others health and safety.

If you have any difficulties in completing this form or wish to discuss any issue in a confidential setting, please contact Human Resources. This form may be referred to an Occupational Health Advisor who may wish to speak or meet with you.

-----

**Please answer the following questions about yourself. If you circle 'Yes' to any, please give full details and dates.**

Personal History:	No	Yes	Full details & dates
Have you ever worked for this school before? If yes, please give dates of employment.			
Have you had time off work due to ill health or accident in the past two years? If yes, please give the number of days.			
Have you ever suffered illness or injury as a result of your work?			
Have you ever had to leave a job for			

health reasons or been medically retired?			
Are you at present taking any prescribed treatment/medication?			
Have you been treated for weight loss or for being overweight?			
Have you any hearing or visual problems? If yes, please give details.			

**Do you suffer, or have you suffered from any of the following conditions?**

(If 'Yes', please state exact condition details and dates)

<b>Conditions</b>	<b>No</b>	<b>Yes</b>	<b>Full details &amp; dates</b>
1. Diabetes or thyroid condition?			
2. Skin conditions, e.g. eczema, psoriasis, dermatitis, sensitive skin?			
3. Arthritis, rheumatism or other joint problems?			
4. Back trouble, including sciatica, lumbago, slipped disc?			
5. Asthma, tuberculosis, bronchitis, pneumonia?			
6. Heart disease, high blood pressure?			
7. Epilepsy, fits, blackouts, fainting?			
8. Frequent indigestion, gastric/duodenal ulcer bowel problems?			
9. Mental illness, nervous breakdown, depression, drug overdose, drug or			

