CONFIDENTIAL MEDICAL QUESTIONNAIRE – COMPREHENSIVE

Please complete the questionnaire below. The information is required with your interests in mind. As a result of the information you have given, you may be referred to a doctor appointed by the organisation so that a medical examination can be carried out. If you wish, you may request an interview with the organisation's medical officer/nurse, either as an alternative to completing this form or to provide supplementary information or explanation.

A. Have you ever	**Yes**	**No**	**Give details**
1. Had an operation?	☐	☐	
2. Been seriously injured?	☐	☐	
3. Had a serious physical or mental illness?	☐	☐	
4. Received in-patient treatment for a physical or mental condition?	☐	☐	
5. Been refused or dismissed from employment for health reasons?	☐	☐	
6. Received a disability pension?	☐	☐	
7. Had a disability?	☐	☐	
8. Been made ill by your work?	☐	☐	
9. Been refused a driver's license because of ill health	☐	☐	

B. Do you suffer from or have you ever had:

Diabetes	Yes ☐ No ☐	Skin rashes eczema	Yes ☐ No ☐	Swelling of legs/ankles	Yes ☐ No ☐
High blood pressure	Yes ☐ No ☐	Anaemia	Yes ☐ No ☐	Menstruation or prostate problems	Yes ☐ No ☐
Asthma	Yes ☐ No ☐	Headaches (frequent)	Yes ☐ No ☐	Varicose veins	Yes ☐ No ☐
Cough (frequent)	Yes ☐ No ☐	Heart trouble	Yes ☐ No ☐	Rupture	Yes ☐ No ☐
Rheumatic Fever	Yes ☐ No ☐	Chest trouble	Yes ☐ No ☐	Back trouble	Yes ☐ No ☐

Arthritis	Yes ☐ No ☐	Fainting or dizziness	Yes ☐ No ☐	Ear trouble	Yes ☐ No ☐
Epilepsy/fits	Yes ☐ No ☐	Hay fever	Yes ☐ No ☐	Eye trouble	Yes ☐ No ☐
Shortness of breath	Yes ☐ No ☐	Jaundice	Yes ☐ No ☐	Nerve trouble	Yes ☐ No ☐
Stroke	Yes ☐ No ☐	Depression	Yes ☐ No ☐	Anxiety/Stress	Yes ☐ No ☐

Do you take medicine regularly?	Have you worked in a dusty trade?	Have you ever had a head injury?	Do you suffer from any other ailments?
Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

C. To the best of my knowledge and belief, the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.

Signature _____ _____

Name _____

Department _____ Employee number _____

Job title _____ Date of transfer _____