

All of the information provided will be held in confidence and in accordance with the Data Protection Act requirements. It will be used to assist with your own and other members of staff health safety and welfare and will not be released to any third party without your express written permission.

Full name:

Date of birth:

Position applied for:

WORK RELATED HEALTH HISTORY

			IF YES, GIVE DETAILS, DATES AND REASONS
Do you have any impairment which may affect your ability to work safely?	YES	NO	
Have you ever left or been denied a job on health grounds?	YES	NO	
Have you ever been denied a driving licence on health grounds?	YES	NO	
Have you ever suffered from any work related health condition?	YES	NO	
Have you consulted a Doctor within the last two years about an illness or disability?	YES	NO	
Did this lead to an absence from work			How many days

HEALTH HISTORY

DO YOU HAVE OR HAVE YOU HAD IN THE PAST			IF YES,GIVE DETAILS, DATES AND REASONS
Do you have angina, raised blood pressure or other heart disease?	YES	NO	
Do you have any eyesight problems not corrected by glasses/contact lens for example, restricted vision, glaucoma etc.	YES	NO	
Do you have any hearing problems not corrected with a hearing aid such as restricted hearing, tinnitus, ear infections?	YES	NO	

Are you taking or are you being given any medicines, inhalers, injections or eye/ear drops at the present time?	YES	NO	
Do you have any difficulty in standing, bending, lifting or other movements?	YES	NO	
Have you any kind of back, neck or shoulder problems?	YES	NO	
Have you had any problems with your joints including pain, swelling and stiffness? For example, arthritis, rheumatism, upper limb disorder, tennis elbow etc.	YES	NO	
Do you have asthma?	YES	NO	
Have you had any bronchitis, pleurisy, tuberculosis, coughing up blood, shortness of breath or other chest problems within the last five to ten years?	YES	NO	
Have you had any fits, blackouts or epilepsy?	YES	NO	
Are you a diabetic?	YES	NO	
Have you ever suffered from depression, stress, anxiety or other mental health problems such as panic attacks, sleep deprivation which caused you to seek medical advice?	YES	NO	
Have you had in the past migraine or persistent headaches?	YES	NO	
Have you ever had a drug or alcohol problem including drug or alcohol usage?	YES	NO	
Have you ever had any skin problem? For example eczema, dermatitis, psoriasis, recent infection or skin cancer?	YES	NO	
Are you having any hospital treatment or investigation at the moment?	YES	NO	
Are you waiting for any hospital treatment or investigation?	YES	NO	
Do you have any other medical conditions?	YES	NO	

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Have you ever had an illness which may have been caused or made worse by your work?	YES	NO	
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PREVIOUS

HAVE YOU PREVIOUSLY BEEN IN CONTACT WITH OR WORKED WITH	YES	NO	
Asbestos	YES	NO	
Lead	YES	NO	
Noisy machinery	YES	NO	

Do you currently smoke YES NO

I the undersigned confirm that the details given overleaf are to the best of my knowledge accurate and that I will inform Veritech Systems Ltd if any of the details change.

Signed:

Date:

Opt-out Pre Medical Examination

Please read the following information carefully before you sign the declaration

The pre medical is a 100% confidential service for employees to use. You are encouraged to attend a medical examination on an annual basis depending on your job role.

In signing this opt-out agreement you should note that Veritech Systems Ltd will not be held responsible for any underlying illnesses you may have and therefore unable to work.

Having read the above, I _____ (**FULL NAME**) working as
_____ (**Position**)

Voluntarily agree to Opt-out off a Pre Medical Examination provided by Veritech Systems Ltd

With effect from _____ (**DATE**)

Signed: _____

NB: It is your personal responsibility to ensure that you are fully fit with no medical conditions that could affect your work.

Please ensure you bring this signed form with you before commencing your first shift with the Veritech Systems Ltd.

