

## Confidential Work Health Assessment

Company:		Job Title:	Region:
Surname			Name and Address of own Doctor
Other names			
Address			
			Date of Birth:
Daytime Contact Number:		Company ID Number:	

### Occupational History

Have you previously been exposed to:	Noise Radiation	Vibration VDU	Respiratory/Skin hazards Other
Have you ever been advised to avoid any specific working environments? Please detail: N/A			
What Personal Protective Equipment have you worn? Please detail: N/A			
Have you ever had health surveillance as part of your job? Please detail: N/A			
Are you currently under the care of a medical practitioner for any medical condition? Please detail: N/A			
Are you at present on any treatment such as injection, tablets or medicines? Please detail: N/A			

**Do you consider you require any adjustments to the tasks outlined in the job description? if so please see questions below, ticking any that are relevant along with providing further relevant information.**

Condition	✓	Further relevant information
1. Heart Disease		
2. High Blood Pressure		
3. Chest Disease: Bronchitis/Asthma/TB/Pneumonia		
4. Indigestion, Gastric Ulcer, Bowel complaints		
5. Jaundice, Gall Bladder or Liver Disease		
6. Hernia		
7. Kidney Disease or Infection of Urine		
8. Back, Neck or Joint Disorders		
9. Fits, Fainting attacks or Dizziness		
10. Mental Health problems or Nervous Debility		
11. Ear Trouble or Deafness		
12. Skin Problems e.g. Eczema, Psoriasis, Dermatitis		
13. Eye Problems or infection		
14. Allergic conditions e.g. hay fever		
15. Diabetes		
16. Any broken bones		
17. Drug/alcohol dependency		
18. Migraines/Severe headaches		
19. Any other condition or injury not mentioned above?		

### Employee Declaration

I declare that all the information given above is true to the best of my knowledge	
Signature:	Date: