



OCCUPATIONAL HEALTH

QUICKTEMP
DRIVING & INDUSTRIAL RECRUITMENT



Occupational Health Form

Do you have any illness/impairment/disability (physical or psychological) which may affect your ability to drive / work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Do you, or have you ever had:

a) Diabetes mellitus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Musculo-skeletal or mobility problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Heart problems or surgery, e.g. raised blood pressure, angina, chest pains, palpitations, swollen ankles?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Epilepsy, blackouts or impaired consciousness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) Cerebrovascular disease, stroke or transient ischaemic attack (TIA)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Vertigo/dizziness or other neurological condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) Hearing loss?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
h) Vision problems or surgery?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
i) Mental health problems, e.g. anxiety, stress, depression, nervous disorders, alcohol, drug, or any other substance dependency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
j) Sleep disorder?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
k) Any other health problem or regular medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If yes to any of the above, give details, i.e. when condition developed, severity, its affect on you, how well controlled, treatment.
Failure to do so will result in your application being rejected:

Health Declaration

I certify that all the answers given above are true to the best of my knowledge and belief. I declare that I am fit to drive and have no current medical conditions which I have not declared. I understand that no medical details will be divulged without my permission to any person outside Occupational Health.

Signed by You:

Name in full:	Date:
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