QUICKTEMP

OCCUPATIONAL HEALTH FORM

	YES	NO
Do you have any illness / impairment / disability (physical or psychological) which may affect your ability to drive / work?	☐	☐
Have you ever had any illness / impairment / disability which may have been caused or made worse by your work?	☐	☐
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	☐	☐
Do you think you may need any adjustments or assistance to help you to do the job?	☐	☐

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

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:**	