PLEASE COMPLETE AND RETURN TO KWIK STAFF PRIOR TO COMMENCEMENT OF WORK.

HEALTH QUESTIONNAIRE- In confidence

BEFORE JOINING THE COMPANY IT IS IMPORTANT FOR YOU AND THE COMPANY TO KNOW WHETHER YOU WILL BE ABLE TO WORK WITHOUT AFFECTING THE HEALTH AND SAFETY OF YOURSELF OR OTHERS.

SURNAME: ____

FORENAME: ____

ADDRESS: ____

NEXT OF KIN?________________________ RELATIONSHIP ________________

DATE OF BIRTH:________________________ PLACE OF BIRTH:________________

TELEPHONE NO: ______________________ MOBILE:______________________

NAME OF GP: ____

WHAT IS YOUR PRESENT:

HEIGHT:__________ WEIGHT: __________ IS IT DECREASING/STEADY/INCREASING?

DATE OF LAST MEDICAL EXAMINATION______________________________________

PLEASE COULD YOU ANSWER THE QUESTIONS AS FULLY AND ACCURATELY AS POSSIBLE BY TICKING YES OR NO AND PROVIDING DETAIL WHERE NECESSARY IN THE COMMENTS SPACE ALONGSIDE THE QUESTION.

	PLEASE TICK THE APPROPRIATE ANSWER		**COMMENTS**
ARE YOU IN GOOD HEALTH AT PRESENT?	YES	NO	
HAVE YOU HAD ANY ACCIDENT OR HEALTH CONDITION THAT MAY AFFECT YOU IN ANY WAY?	YES	NO	
IS THERE ANY MEDICAL REASON WHY YOU CANNOT WORK IRREGULAR HOURS?	YES	NO	
CAN YOU WORK AT HEIGHTS/ BEND/ LIFT AND CARRY?	YES	NO	
DO YOU SMOKE? IF YES HOW MANY PER DAY?	YES	NO	
HAVE YOU EVER SUFFERED FROM BACK TROUBLE? IF SO WHAT?	YES	NO	
HAVE YOU EVER HAD BLACKOUTS OR SUFFERED FITS?	YES	NO	
DO YOU TAKE ANY MEDICATION REGULARLY (EGG SLEEPING PILL, TRANQUILLISERS, PAIN KILLERS, STOMACH MEDICINES, INSULIN)	YES	NO	
DO YOU HAVE ANY SKIN PROBLEMS?	YES	NO	
DO YOU HAVE ASTHMA OR ANY OTHER BREATHING PROBLEMS?	YES	NO	
ARE YOU RECEIVING ANY TREATMENT FOR *ANY* HEALTH PROBLEMS AT THE MOMENT?	YES	NO	
IS YOU HEARING OR VISION IMPAIRED IN ANY WAY? IF YES PROVIDE DETAILS.	YES	NO	

I CONFIRM THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I ALSO CONFIRM THAT I WILL ADVISE IMMEDIATELY SHOULD ANYTHING CHANGE CONCERNING MY HEALTH.

SIGNED : ________________________ DATE : ______________

NAME : ________________________

Kwik Staff

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