**CONFIDENTIAL**

**Employment Health Questionnaire**

This brief health questionnaire is to ensure your fitness for your role / tasks. It is important that you answer the questions accurately, as it will assist both you and your employer to meet obligations set out under the Health & Safety at Work Act.

Please return the completed form to the Headteacher, or other named person as advised.

|  |  |
| --- | --- |
| **Applicant Details:** | |
| Surname: | Mr/Mrs/Ms/Other: |
| First names: | |
| Address:  Postcode: | |
| Date Of Birth: | |
| Employers Name: Role Offered: | |
| Telephone Number: | |
| Email Address: | |

Please answer Yes or No only to the following 3 questions:

|  |  |  |
| --- | --- | --- |
| **Questions** | **Yes** | **No** |
| Do you need any special aids/adaptations to assist you at work, whether or not you have a disability? |  |  |
| Are you having, or waiting for, medical treatment or investigations of any kind at present, including medication? |  |  |
| Have you ever had any health problems, which may have been caused or made worse by work? |  |  |

You are reminded that any failure to disclose the requested health information may result in termination of employment.

If you have answered Yes to any of the questions you will be referred to our Occupational Health provider for further discussion. With your consent the business will then be advised of any reasonable adjustments that may need to be considered to assist you in maintaining your role / tasks.

NAME: ……………………………………………………………………………….

Signature:.............................................................................. Date: ………………………………