Medical questionnaire

**PRIVATE AND CONFIDENTIAL**

|  |  |
| --- | --- |
| Surname: |  |
| First name(s): |  |
| Name and address of own doctor: |  |

Questions

Please answer all the following questions by circling the appropriate answer.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Do you have any physical or mental impairment that could be classed as a disability under the Equality Act 2010? | Yes | No |
| 2 | Have you ever had to give up any previous job for medical reasons? | Yes | No |
| 3 | Have you been off work continuously for more than a month during the last 5 years? | Yes | No |
| 4 | How many sickness days have you taken off work in the last 2 years? |  | |
| 5 | Have you ever had an operation requiring hospital admission for 5 or more days? | Yes | No |
| 6 | Is your eyesight normal (with glasses if worn)? | Yes | No |
| 7 | Is your hearing normal (with hearing aid if worn)? | Yes | No |
| 8 | Do you regularly take tablets or medicine that we need to be aware of in the event of an emergency? If Yes, please list below what you take. | Yes | No |
| 9 | Have you ever had a serious condition that has affected your ability to work or drive (where driving is a requirement of the job) e.g.; | | |
|  | Migraines or severe recurring headaches | Yes | No |
|  | Anxiety, depression or any other nervous complaint | Yes | No |
|  | Fainting attacks or giddiness | Yes | No |
|  | Other | Yes | No |
|  | If Yes, please provide details: |  |  |

I am willing to undergo a medical examination if required and I declare that the information I have given on this form is correct and complete to the best of my knowledge.

Note: Any false, incomplete or misleading statements may lead to dismissal.

Information from this application may be processed for purposes registered by the Employer under the Data Protection Act 1998. Individuals have, on written request, the right of access to personal data held about them.

For the purposes of compliance with the Data Protection Act 1998, I hereby give my consent to the Coal Authority processing the data supplied in this questionnaire.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_