

OCCUPATIONAL HEALTH SOUTH WEST LTD

CONFIDENTIAL HEALTH ASSESSMENT QUESTIONNAIRE

This form should first be completed by the employer, and then passed to the job applicant.

Once complete, the job applicant should return the form to Occupational Health South West Ltd ("OHSW Ltd") at:

*Occupational Health South West Ltd
Applewood, Quarry Road
Bolingey
Perranporth
Cornwall
TR6 0AS*

Tel: 01872 572 553



TO BE COMPLETED BY EMPLOYER

SECTION A – Your Company Details	
Company:	
Contact Name:	
Job Title:	
Email Address:	
Telephone No:	
Full Address of Company (for reply):	

SECTION B – Personal Details of Job Applicant	
Full Name:	
Location / Department:	
Employee's Job Title (If possible attach job description):	
Hours of work:	
General description of activities to be undertaken:	

TO BE COMPLETED BY APPLICANT

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING THIS FORM

The purpose of the questionnaire is to determine whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered, or place you at any risk in the workplace. As a result of this assessment we may recommend adjustments or assistance that will enable you to do your job.

The information you provide will be treated as confidential, and will not be given to anyone else without your written permission. Please be aware that at the end of this form you will be asked to declare that all the statements you make are true to the best of your knowledge.

Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment, you may be contacted by OHSW Ltd and may need to be seen by an occupational health advisor or doctor.

SECTION C – Personal Details			
First Name		Surname:	
Title (Mr/Ms/Miss etc.):		Date of Birth:	
Home Address:			
Home Telephone:		Mobile Telephone:	
Name of GP:			
Address of GP:			

SECTION D – Health Questions	
Please circle YES or NO as appropriate. If you answer YES to any of these questions, please provide further details in SECTION E.	
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	YES / NO
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	YES / NO
Are you having, or waiting, for any treatment (including medication) or investigations at present?	YES / NO
Do you think you need any adjustments or assistance to help you to do the job you have been offered?	YES / NO
Are you, or could you be, pregnant? (Under the EC Directive on Pregnant Workers, you need to advise your employer of this in confidence, in order that you can be advised about any protection that you may need from physical, chemical, or biological hazards in the workplace).	YES / NO

SECTION E – Further Information

Please provide further information for questions in Section D that you have answered YES.

Please also provide details of any other medical conditions that you are suffering from, or have suffered from in the past.

Please continue on a separate sheet of paper if needed.

SECTION F – Confirmation and Signature

Data Protection Act

Under the Data Protection Act, on request we are required to provide you with copies of the data we hold about you, and information on how we manage this data in our computerised records and papers. Should you have any queries, please contact OHSW Ltd at the address below.

Declaration

- I declare that all the information provided in this form is true to the best of my knowledge.
- I understand that I may be required to attend a medical consultation and undergo a physical examination.
- I understand that although this form will be treated in confidence, further medical information may be requested from my GP if considered necessary (subject to obtaining further consent under the Access to Medical Records Act).
- I give OHSW Ltd my consent to:
 - (a) hold medical information relevant to my job application;
 - (b) computerise my personal and medical information;
 - (c) contact me to arrange appointments and manage my case, including linking my medical history to sickness absence data; and
 - (d) use my medical information to prepare an assessment of my fitness for work for my prospective employer.
- I understand that OHSW Ltd will hold my information securely, and give me access to my medical information should I request it in writing.

Signature:

Date:

Please return this form to:

Occupational Health South West Ltd
Applewood, Quarry Road
Bolingey
Perranporth
Cornwall
TR6 0AS

Tel: 01872 572 553

Internal Use (where consultation required)

Appointment Date:

Venue:

Time:

Doctor: