

HEALTH QUESTIONNAIRE

Please complete the questionnaire attached, sign and date the form and return it to your branch. *Your completed questionnaire is strictly private and confidential and it will not be disclosed to anyone else without your permission.* Please answer the following questions carefully. If the answer to any of the questions is 'YES' then please give details in the corresponding sections.

Full Name:		Date:	
EMERGENCY CONTACT DETAILS			
1st Contact:		2nd Contact:	
Address:		Address:	
	Post Code:		Post Code:
Telephone		Telephone	
Mobile		Mobile	
Work		Work	
E-mail		E-mail	
PLEASE MAY YOU TICK THE APPROPRIATE BOX			
			YES
			NO
Do you suffer from any illness, which may affect you working with machinery?			
Do you suffer from any illness, which may affect you when handling cleaning chemicals?			
Do you have any history of heart disease?			
Do you have any history of asthma or any other respiratory illness?			
<i>DO YOU SUFFER FROM ANY OF THE FOLLOWING?</i>			
<i>Arthritis / Rheumatism / Gout</i>			
<i>Skin Complaints / Eczema / Dermatitis</i>			
<i>Chest Infections / Chest Pains / Palpitations</i>			
<i>Migraines / Frequent Headaches</i>			
<i>High Blood Pressure</i>			
<i>Diabetes</i>			
<i>Heart Disease</i>			
<i>Asthma</i>			
<i>Ulcers</i>			
<i>Psychiatric Illness</i>			
<i>Hearing Impaired</i>			
<i>Vision Impaired</i>			
<i>Back Injuries</i>			
<i>Tetanus</i>			
<i>Hepatitis B</i>			
<i>Are you currently suffering from sickness or diarrhoea?</i>			
<i>If yes to any of the above please give details in the box on the next page?</i>			
<i>If required, could you supply a doctors letter confirming your present state of health?</i>			
PLEASE GIVE DETAILS OF ANY SERIOUS ILLNESS OR INJURIES THAT YOU HAVE SUFFERED IN THE LAST 5 YEARS (CONTINUE OVERLEAF IF REQUIRED)			

I declare that to the best of my knowledge all information contained within this health form is correct.

Signed by the Temporary Worker _____

Date _____

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