

STRICTLY PRIVATE AND CONFIDENTIAL MEDICAL QUESTIONNAIRE

Surname:	
Forenames:	
Address:	

The completion of this questionnaire will allow an assessment to be made of your health and wellbeing in relation to your proposed employment. Completion of this form will allow us to assess whether it would be appropriate for member of the Human Resources Department to meet with you prior to your employment with Birmingham Mind. This meeting would be to assess whether you are fit for the role you will be undertaking to determine whether any reasonable adjustments need to be made to support you in your role.

Reasonable adjustments can include purchasing special equipment, amended working hours, restricted duties etc. We may also request that you attend an appointment with an Independent Medical Advisor for advice and guidance regarding your medical Condition(s) with a view to determining how we can further support you in work.

In most instances, an applicant will not be rejected on the basis of the information given in the questionnaire without examination or health interview. If you are doubtful about completing any part of the form, please do not hesitate to contact the Human Resources Department for Birmingham Mind.

Failure to disclose relevant information, or providing false information, may affect your employment with Birmingham Mind.

Please answer all the following questions by ticking the appropriate word:

1	Do you have any physical or mental impairment that could be classed as a disability under the Equality Act 2010?	
2	Have you ever received compensation or a disability pension?	
3	Are there any medical reasons why you should not do shift work?	
4	Have you ever had to give up any previous job for medical reasons?	
5	Have you been off work continuously for more than a month during the last five years?	
6	Have you ever had any operations requiring hospital admission for five or more days?	
7	Is your eyesight normal (with glasses if worn)?	
8	Is your hearing normal?	
9	(a) Do you regularly take tablets or medicine? (b) If so, what do you take?	

10	Have you ever had any of the following?	
	Diabetes	
	Tuberculosis	
	Angina	
	Any other heart trouble	
	Raised blood pressure	
	Peptic, gastric or duodenal ulcer	
	Indigestion for more than one week	
	Back trouble, lumbago, sciatica, "slipped disc"	
	Epilepsy, recurring blackout or fits	
12	Have you ever had any of the following during the past five years?	
	Bronchitis, asthma, pneumonia	
	Dermatitis, eczema or any other skin trouble	
13	Do you suffer from any of the following?	
	Migraine or severe recurring headaches	
	Anxiety, depression or any other nervous complaint	
	Fainting attacks or giddiness	
	Ear trouble, discharging or infected ear	
	Kidney trouble or urinary infection	
14	If you have circled any answers as Yes for questions 1 to 13, please give very brief details below:	

15	Have you ever had any other serious illness?	
16	If yes, please give very brief details below.	
17	Have you consulted a doctor about your health during the past 12 months? If yes, please give very brief details below.	

Data protection

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

The organisation treats personal data collected in this medical questionnaire in accordance with its data protection policy.

Employee's signature: