# MEDICHECK QUESTIONAIRRE

## CONFIDENTIAL

**Personal Details**

| Full Name (Mr, Mrs, Miss, Ms) and address:<br><br>Date of birth: | Yours Doctor's name and address: |
|---|---|

| **Position applied for:** |
|---|

**Please answer the following questions by ticking the appropriate boxes:-**

| **Have you ever suffered from, had any symptoms of or been treated for the following complaints** | **Yes** | **No** | **If any answer is yes, give full details of dates, severity, duration, etc.** |
|---|---|---|---|
| 1. Depression, anxiety state, nervous illness or breakdown | ☐ | ☐ | |
| 2. General debility from work or any other cause | ☐ | ☐ | |
| 3. Headaches / migraines / fainting attacks / fits or any disease of the nervous system | ☐ | ☐ | |
| 4. Persistent cough, asthma, pleurisy, bronchitis or any ailment of the lungs or chest | ☐ | ☐ | |
| 5. Rheumatism, arthritis, gout, backache, "disc" trouble or rheumatic fever | ☐ | ☐ | |
| 6. Palpitations, shortness of breath, chest pains, raised blood pressure or other ailment of the heart or circulatory system | ☐ | ☐ | |
| 7. Persistent indigestion, diarrhoea, gastric or duodenal ulcers, gall stones or any ailments of the stomach, intestines or liver | ☐ | ☐ | |
| 8. Any ailment affecting the kidneys or bladder | ☐ | ☐ | |
| 9. Diabetes, anaemia, or any blood or gland condition | ☐ | ☐ | |
| 10. Ailment affecting the eyes, sight, ears or hearing | ☐ | ☐ | |
| 11. Varicose veins, ruptures or piles | ☐ | ☐ | |
| 12. Any accident, injury, operation or deformity | ☐ | ☐ | |
| 13. Skin disorder, dermatitis or other allergy | ☐ | ☐ | |
| 14. Any illness or complaint not mentioned above | ☐ | ☐ | |

| Have you ever suffered from, had any symptoms of or been treated for the following complaints | Yes | No | If any answer is yes, give full details including dates, reasons, results and any resultant treatments |
|---|---|---|---|
| 15. Have you ever had any x-ray, special medical investigation, cardiogram, or blood or urine test | ☐ | ☐ | |
| 16. Are you now or have you recently been taking any tablets, medicine or other medication? | ☐ | ☐ | |
| 17. Have you ever had any illness or disease involving treatment with Cortisone or other steroids | ☐ | ☐ | |
| 18. Are you a registered disabled person? If so, please give your registration number and state the nature of your disablement. | ☐ | ☐ | |
| 19. What is your average weekly consumption of:- Alcohol..... Tobacco..... Drugs..... Has any ever exceeded this amount. | ☐ | ☐ | |
| 20. How many days were you absent from work for medical reasons during your last 12 months of employment? If any, please give full details. | ☐ | ☐ | |
| 21. Have you ever claimed for an industrial injury? If yes please give full details. | ☐ | ☐ | |
| 22. Are you colour blind? If yes, please give full details | ☐ | ☐ | |
| 23. During the last 2 years, have you consulted or been treated by: A Doctor or Medical Practitioner? | ☐ | ☐ | |
| A Physiotherapist? | ☐ | ☐ | |
| A Chiropractor? | ☐ | ☐ | |
| An Osteopath? | ☐ | ☐ | |
| A Psychiatrist? | ☐ | ☐ | |
| Any other? | ☐ | ☐ | |
| 24. Have you ever been hospitalised during the last 5 years? | ☐ | ☐ | |
| 25. Do you know of any medical reasons why you should need time off, not be a good timekeeper or not be fully available for work, including overtime and shifts if relevant, during the next 12 months? If yes please give details | ☐ | ☐ | |

DECLARATION: (Please read carefully before signing)

1. I hereby confirm that the information given on this medicheck is complete and correct and I understand any untrue, incomplete or misleading information will give Moyola Precision Engineering Ltd the right to terminate any contract of employment given

2. I hereby authorise Moyola Precision Engineering Ltd to contact my doctor for any further and better details of my medical records and state of health and hereby authorise my doctor to release such details as are necessary in connection with this application for employment.

3. I hereby agree to have a medical examination if required by Moyola Precision Engineering Ltd in connection with this application for employment.

Signed..... Date.....