



Medical questions (please complete all sections)

Do/have you suffered from	Yes	No	Do/have you suffered from	Yes	No	Do/have you suffered from	Yes	No
Heart trouble			Lung trouble			Stomach trouble		
Eye trouble			Ear trouble			Back trouble		
Nerve trouble			Diabetes			High blood pressure		
Asthma			Cough (frequent)			Rheumatic fever		
Arthritis			Epilepsy / fits			Shortness of breath		
Skin rashes / eczema			Anaemia			Headaches (frequent)		
Fainting / dizziness			Hay fever			Jaundice		
Swelling of legs / ankles			Period / prostrate problem			Varicose veins		
Allergies			Hernia			Chest pains		
Palpitations			Depression			Do you take medicine?		

If you have answered YES to any of the above questions, please provide further details

Do you OR have you suffered from any medical condition NOT mentioned above. If so, please dive details

Do you smoke?	YES / NO	if YES, how many a day:
Do you drink?	YES / NO	if YES, how many units a day:

Further information (please complete all sections)

Are you currently in good health?	Yes No (please give details)
Do you have a physical, mental or health related impairment that has a substantial and long-term adverse effect on your ability to carry out everyday activities?	No Yes (please give details)
Have any health-related reasons in the last two years kept you away from work or prevented you from seeking work?	No Yes (please give details)
Have you ever been dismissed from employment because of health-related reasons	No Yes (please give details)