

# Guide 2.8 Health Assessment Questionnaire - Template

Name:	Date of Birth:
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Please tick the end column if any of the statements below apply to you.

General Health Assessment	Yes
Do you have any limitations when: <ul style="list-style-type: none"><li>• Sitting</li><li>• Standing</li><li>• Moving &amp; handling (includes lifting/carrying)</li><li>• Balance/coordination</li></ul>	
Do you have or have you had any long term, debilitating or progressive illness? (e.g. Multiple Sclerosis)	
Are you having, or waiting for any treatment or investigations by your GP/Consultant?	
Have you had/do you need any workplace adjustments to support you at work?	
Do you have or have you had any illness or medical condition that prevented you from attending work on your normal duties or activities for more than one week during the past year?	
Would you like to discuss your health, in strictest confidence, with an Occupational Health Practitioner, either by phone or in person? (if yes, please ensure you have provided contact details)	

<b>Specific Health Assessment</b>		<b>Yes</b>
<b>Are you suffering from or have you ever suffered from:</b>		
1.	Any conditions relating to your heart or circulation?	
2.	Any respiratory problems? (e.g. Asthma)	
3.	Any mental health conditions? (e.g. Depression)	
4.	Any eyesight condition that cannot be corrected by wearing glasses or contact lenses?	
5.	Any ongoing hearing problems or ear disorders? (e.g. Tinnitus)	
6.	Any ongoing bone, muscle or joint problems? (e.g. recurrent back pain/Arthritis)	
7.	Any skin diseases or conditions that require medical treatment?	
8.	Any gastro-intestinal or abdominal problems? (e.g. Hernia/Gall Stones)	
9.	Any blood or metabolic disorders? (e.g. Anaemia/ Diabetes)	

If you have answered yes to any of the questions, please give further details:

## Protecting your data

We ask all new starters to complete this questionnaire. We need this information in order:

- To see whether any adjustments are needed to enable you to do your job
- To assess whether the job could adversely affect your health
- To allow us to make changes at work if necessary.

It is important that you complete all the relevant sections of the questionnaire and provide any supporting documentation you think might be relevant.

All the information you give us will be held in strictest confidence. It will be processed and retained in accordance with the Data Protection Act (1998) and GDPR. If further assessment is required, you may be asked to visit an Occupational Health Practitioner. We will arrange and pay for any such assessment.

## Declaration by employee

I declare that all the information given above is true and correct to the best of my knowledge. I understand that failure to give relevant and accurate information may result in my employer being unable to make appropriate workplace adjustments. I acknowledge and understand that I may be required to attend an Occupational Health Assessment. I hereby give my consent for the personal data provided in this document to be processed and retained in line with data protection regulations.

Name: (Print)

Date:

Signature: