MEDICAL QUESTIONNAIRE

HR Department
187 Ballyconnell Road, Derrylin, Co. Fermanagh,
Northern Ireland, BT92 9GP
t: +44 (0) 28 6774 8866
e: hr@mannokbuild.com

ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

WARNING: This form contains a number of questions about your past and present health and physical condition. Should you give particulars or answers which are found to be false you may be liable to disqualification or if appointed to dismissal. The willful suppression of any medical fact will be similarly penalised.

Family Doctor.....

Tel no.....

Address.....

1 Please tick as appropriate, indicating any conditions from which you have suffered and give details e.g. length of illness, approx. dates, treatments, etc., in the space provided at the bottom of each section.

a.	Bronchitis, asthma, T.B., or any other chest trouble	YES O	NO O
b.	High blood pressure, pain in chest, or any heart condition	YES O	NO O
c.	Nervous or mental trouble	YES O	NO O
d.	Epilepsy, fainting or blackouts	YES O	NO O
e.	Giddiness or headaches	YES O	NO O
f.	Diabetes	YES O	NO O
g.	Indigestion, gastric or duodenal ulcer or any other gastro-intestinal condition or bowel disorder	YES O	NO O
h.	Dermatitis or other skin disease	YES O	NO O
i.	Arthritis, rheumatic fever, rheumatism or gout	YES O	NO O
j.	Liver, kidney, bladder trouble or jaundice	YES O	NO O
k.	Anaemia or enlarged glands	YES O	NO O
l.	Rupture. If yes, do you wear a truss?	YES O	NO O
m.	Varicose veins	YES O	NO O
n.	Do you have or have you at any time suffered from any illness of the neck and/or back?	YES O	NO O
o.	Any other illness, accident or injury?	YES O	NO O

Please give details.....

Do you require any special working arrangements for this role?.....

.....

2 a Are you at present under any medical treatment or observation or have you been during the last five years? YES O NO O

b Have you ever undergone an operation or had radio therapy treatment? YES O NO O

c Have you ever been medically rejected for service with any public body, insurance company or government body? YES O NO O

3 Have you any deformity, physical or speech defect? YES O NO O

4 a Is your eyesight satisfactory for all normal purposes with or without glasses? YES O NO O

b Do you wear contact lenses? YES O NO O

c When did you have your eyes tested last? Date: YES O NO O

d Have you ever suffered from any injury or disease of one or both eyes? YES O NO O

e Are you colour blind? YES O NO O

Please give details: .....

5 a Is your hearing good in both ears? YES O NO O

b Have you ever suffered from any ear disease? YES O NO O

Please give details: .....

6 Are you able to work at heights?

7 How many days have you lost due to illness during each of the last two years? YES O NO O

Please give details: .....

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief. I understand that I may be required to undergo a medical examination. I consent to my doctor being approached for further information, including medical reports if the company considers it necessary.

Signature..... Date.....

To be countersigned by Parent/Guardian if under 18.....

- I understand the personal data on this form ("Personal Data") will be used by the Company to ascertain my health and physical health, to identify and put parameters in place to deal with any of my medical issues and for the contractual purpose of my employment.
- I understand that the Personal Data will be retained by the Company for the tenure of my employment.
- I understand that my Personal Data will also be used for administrative purposes in relation to my employment.
- I understand that if I do not provide my Personal Data the Company cannot proceed with my application of employment.

I have read the important Data Protection information in the Privacy Notice Statement and have given my consent, by signing below, for my information to be used as outlined above.

Signed:..... Date:.....

Print name:.....