



Pre-Employment Medical Questionnaire

The Pre-Employment Medical questionnaire has been designed to help provide us with information to assess your suitability to carry out the role and responsibilities required in this job, or to alert us to any reasonable adjustments that need to be made in the workplace.

Section 1. Personal details:		
Title:	Name:	Date of Birth:
Address		
Contact no:		Email address:

Section 2. Details of job applied for:	
Job Title:	Recruiting Manager:

Section 3. Medical History		
	Please ✓	If you respond "yes" please give details
1. Do you suffer from any medical condition or disability that you feel you would need support with in order to carry out functions which are essential to your proposed employment?	Yes No	
2. Do you require any adjustments to be made to your work or work environment due to a medical condition or disability?	Yes No	
3. Is there anything in your history or circumstances which might affect your ability to carry out functions that are essential to the work for which you will be potentially employed?	Yes No	
4. Are you currently receiving any treatment or investigations for any condition that you feel you may need support with in order to carry out functions which are essential to your proposed employment?	Yes No	

Section 4. Declaration all preferred candidates to complete this section

<p>I declare that the information provided by me in this form is true and complete to the best of my knowledge. I understand that any deliberate omission, falsification or misrepresentation in this record may result in disciplinary action.</p> <p>If further medical information is required, we may refer you to our Occupational Health Provider and request you complete a detailed questionnaire on their on-line Portal. The Occupational Health Provider may:</p> <ul style="list-style-type: none"> ○ review the completed questionnaire and confirm their assessment to the Recruiting Manager ○ follow up the completed questionnaire up with a telephone call, or ○ request you attend a face to face assessment. <p>Signed: Date:</p> <p>Please send this completed form to the Recruiting Manager</p>
