

Name		Date	
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Have you at anytime had any of the below?	Y/N	Comments
Had an Operation?		
Suffered from Drug or Alcohol Abuse		
Been Seriously Injured?		
Been refused or dismissed from employment for health reason.		
Been registered as disabled?		
Received disability pension?		
Been ill through your work?		
Been refused a driving licence because of ill health?		
Had an injury to the head?		
Received in patient treatment for physical or mental condition?		
Had any spine or back injury?		
Been unable to work because of back pain?		
Suffered from Dyslexia?		

Do you suffer from or received medical treatment for any of the below?					
Condition	Y/N	Condition	Y/N	Condition	Y/N
Asthma		Allergies/Hayfever		Arthritis	
Anaemia		Diabetes		Nerve Trouble	
Ear Trouble		Eye Trouble		Back Problems	
Jaundice		Cerebral Palsy		Cystic Fibrosis	
Cough		Varicose Veins		Hernia	
Leukaemia		Haemophilia		Upper Limb Disorder	
Deafness		Blindness /Sight Issues		Polio	
Swelling to legs and ankles		Angina / Cardiac Conditions		Epilepsy	
Eczema		High Blood Pressure		Rheumatic Fever	
Shortness of Breath		Headaches		Fainting/Dizziness	
Period/Prostate Problems		Spinal Injury		Multiple Sclerosis	
Muscular Dystrophy		Spinal Bifida		Repetitive Strain Injury	

Additional Comments

Details	Y/N	If yes please supply details
Have you ever worked in a dusty or noisy environment?		
Do you suffer from any other ailment?		
As you are applying for 24/7 work, have you worked nights before?		

Declaration					
<p>I confirm that the information which I have given on this application and health questionnaire is correct. I agree that these details will be held on the Basegreen data systems both electronically and in paper form. I understand that I can access the information held about myself under GDPR rules and The Data Protection Act 1998.</p> <p>If it is found that I have provided false or misleading information on this form then this may constitute a disciplinary offence.</p>					
Candidate Name		Signature		Date	
HR Name		Signature		Date	