EMPLOYEE VOLUNTEER STUDENT MEDICAL QUESTIONNAIRE

PERSONAL STATEMENT:

Name:……
Date of birth:…….
Previous occupation:……...
What is your present state of health?:……..……
Are you in receipt of any pension?:……..…….
During the last five years have you had any treatment or x-rays? Please give details:
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Do you have, or have you had any medical conditions that you feel may be relevant to your application?
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QUESTIONNAIRE:

Have you ever had, or have you now any of the following:

	YES	NO	If yes, please give details
1 Injury to back			
2 Injury to leg(s)			
3 Injury to arm(s)			
4 Injury to other parts of the body			
5 Hernia/rupture			
6 Skin complaints (eg dermatitis)			
7 Allergy to dust or chemicals			
8 Asthma			
9 Hearing problem			
10 Blood pressure			
11 Heart complaints			
12 Rheumatic fever			
13 Ulcerated stomach			
14 Blackouts			
15 Epilepsy			
16 Bronchitis or lung infections			
17 Severe headaches			
18 Sugar diabetes			
19 Tuberculosis			
20 Are you in the habit of taking drugs?			
21 Are you receiving medical attention at present?			
22 Do you have good eyesight?			
23 Do you wear glasses and/or contact lenses?			
4 Have you any conditions, which limit lifting?			

Declaration: *I declare that the information I have given on this form is complete and correct.*

Signature:…….....Date:……/……/……