



## **Pre-employment Health Questionnaire**

### **Introduction**

Be Modern Group Ltd is committed to the Health and Safety of its staff. As part of this commitment, a Pre-employment Health Questionnaire is required to be completed by all applicants wishing to be considered for employment with the Company.

The Company, in common with all responsible employers, complies with its duties under *The Management of Health and Safety at Work Regulations 1999*. Under the scope of these Regulations, we are required to make assessments of any significant risks that employees may be exposed to whilst at work. A “suitable and sufficient” risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work.

In addition, *The Disability Discrimination Act 2005* imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up proposed employment.

This Pre-Employment Health Questionnaire, (supplemented where necessary by a further medical assessment), is part of the Company’s fulfillment of our legal responsibilities in respect of the above legislation.

### **Confidentiality**

If successful in your application, the completed Health Questionnaire form will be held securely by the Company’s HR Department. It will only be retained if you are offered employment. All other forms will be confidentially destroyed by high security shredding once an offer of employment has been made to, and accepted by, the successful applicant.

In most cases the questionnaire itself will be sufficient for the Company to confirm medical suitability for employment in the proposed occupation. However, in rare instances, the Company may need to make further enquiries of an individual, or may request that a candidate undergo a medical examination.

All information provided by candidates during the course of the application/selection process will be treated in the strictest of confidence and handled/used in accordance with the requirements of the Data Protection Act 1998.



# Pre-employment Health Questionnaire

## Strictly Confidential

The information you provide on this form is strictly confidential and is necessary to protect your own health and safety and that of others who may work with or alongside you. Any areas needing further clarification will be discussed at interview stage.

USE BLOCK CAPITALS THROUGHOUT PLEASE

Full Name & Address		Previous Occupations (e.g. Office Administrator)	
Tel No.		Present Employment	
NI No.		Start Date	
Next of Kin Name & Address		GP's Name & Address	
Tel No.		Tel No.	

## Past and Present Medical History

Do you have or have you ever suffered from any of the following? (Please tick the appropriate boxes)

	Yes	No	If Yes please give details with dates
Fainting attacks / fits / blackouts / epilepsy			
Recurring headaches			
Mental illness / nervous breakdown			
Ear trouble or deafness			
Eye trouble or defective vision			
Recurring chest disease e.g. Bronchitis			
Asthma / hay fever / allergies			
Heart problems such as angina / heart attack			
High blood pressure			
Hernias			
Back or neck problems			
Arthritis, muscle or joint problems			
Skin problems			
Diabetes or thyroid problems			
Urinary / kidney problems			
Recurring bowel problems			
Recurring infections			
Stomach problems e.g. ulcers			

