



Pre-Employment Health Questionnaire

Aspire Locums Limited guidelines require the completion of this confidential medical questionnaire

1. Do you have any allergies?	Yes / No
2. Have you had an operation or major illness?	Yes / No
3. Have you ever had an accident at work?	Yes / No
4. Do you have a hearing defect or use a hearing aid?	Yes / No
5. Are you under any medical or psychiatric supervision?	Yes / No
6. Are you taking any tablets or medications?	Yes / No
7. Have you been admitted to hospital in the last 2 years?	Yes / No
8. Have you had any absence due to sickness in last 2 years?	Yes / No
9. Do you have any disabilities or are you registered disabled?	
Yes / No	
<u>Do you have or have you ever suffered from any of the following?</u>	
10. Prolonged or sever backache / back / neck injury?	Yes / No
11. Epilepsy, fainting, blackouts or giddiness?	Yes / No
12. Dermatitis, eczema, psoriasis-melanoma or other skin complaints?	Yes/No
13. Nervous breakdown or mental illness	Yes / No
14. Heart disease, angina or high blood pressure?	Yes / No
15. Asthma, bronchitis, pleurisy, pneumonia or other chest illness?	Yes / No
16. Needle stick or Mucus Membrane injuries?	Yes / No
If YES, please give details (on the back page if required)	

Hepatitis B immunisation*	Yes / No
Date_____	
Poliomyelitis immunisation	Yes / No
Date_____	
Rubella Immunisation	Yes / No
Date_____	
Rubella antibody test	Yes / No
Date_____	
Manoux, Tine or Heaf test	Yes / No
Date_____	
BCG immunisation	Yes / No
Date_____	
Tetanus immunisation	Yes / No
Date_____	
Diphtheria immunisation	Yes / No
Date_____	
<u>Have you had the following childhood illnesses?</u>	
Measles	Yes / No
Chickenpox	Yes / No
Mumps	Yes / No
Have you been trained in manual handling technique	Yes / No
Date of last MRSA scan	

Declaration

I certify that the information declared on this form is correct and that no misleading information has been given and I understand that any misleading information or deliberate omissions may be considered as grounds for the withdrawal of future work being offered .

Sign

Print

Date



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