DOC24.10

ASPIRE LOCUMS
EMPLOYMENT HEALTH QUESTIONNAIRE

Please answer the following questions regarding your medical history as accurately as possible. If you answered "Yes" to any questions, please provide additional information as necessary.		
Are you currently being treated by a doctor for any illness or taking any medication for a medical condition	Yes / No	
Have you been hospitalised for any illness or had any operations?	Yes / No	
Is there a family history of any medical conditions?	Yes / No	
Is there any reason you cannot wear safety or protective equipment?	Yes / No	
Have you ever tested positive in any workplace drug and alcohol-screening test?	Yes / No	
Do you need to wear glasses for your normal work? If so, do you have prescription safety glasses?	Yes / No	
Do you have Diabetes?	Yes / No	
Do you have any known allergies?	Yes / No	
Have you had any absence from work in last 2 years?	Yes / No	
Do you have any disabilities or are you registered disabled	Yes / No	
Do you have or have you ever suffered from any of the following?		
Fits/Seizures/Blackouts or Persistent Headaches/Migraines	Yes / No	
Back or neck problems	Yes / No	
Dermatitis, eczema, psoriasis-melanoma, or other skin complaints	Yes / No	
Repetitive Strain/Overuse Injury	Yes / No	
Loss of hearing/ear infections	Yes / No	
Stomach Problems/Ulcers	Yes / No	
Joint Problems/Fractures or Arthritis/Rheumatism	Yes / No	
Nervous breakdown or mental illness	Yes / No	
Heart Disease, angina, or high blood pressure	Yes / No	
Asthma, bronchitis, pleurisy, pneumonia or other chest, lung illness	Yes / No	
Needle stick or mucus membrane injuries	Yes / No	

Immunisations, Vaccinations (evidence required)		
Covid-19	Yes / No	
Hep B	Yes / No	
Hep C	Yes / No	
MRSA	Yes / No	
Poliomyelitis	Yes / No	
Rubella	Yes / No	
Rubella antibody test	Yes / No	
BCG	Yes / No	
Tetanus	Yes / No	
Diphtheria	Yes / No	
Have you had any of the below childhood illnesses.		
Measles	Yes / No	
Chicken pox	Yes / No	
Mumps	Yes / No	
Do you have or have you ever had any of the following:		
Tuberculosis	Yes / No	
Hepatitis/Jaundice/Liver Trouble	Yes / No	
Hernia	Yes / No	
Do you any difficulty with the following activities?		
Kneeling	Yes / No	
Standing prolonged periods	Yes / No	
Sitting for prolonged periods	Yes / No	
Concentrating for any length of time	Yes / No	
Hearing a normal conversation	Yes / No	

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

Print Name:	Signature:	Date: