



Medical Questionnaire

Candidate details	
To be completed by the successful candidate	
Title	
Name	
Address	
Tel No	
Date of Birth	
Position applied for	
Post Reference No	
School	

Questionnaire			
Please answer the following questions by ticking the appropriate box			
	YES	NO	Where yes, please give details e.g. dates, whether you still have problems, any medication you are taking
Are you currently in good health?			
Have you ever had any illness, medical problem, or disability that may affect your ability to work safely in a school?			
Have you ever had investigations for, suffered from, or has symptoms of:			
Mental illness, psychological or psychiatric problems, (For example, depression, anxiety disorders, schizophrenia disorders, bipolar affective disorder, obsessive compulsive disorder, personality disorder, stress or eating disorder (anorexia or bulimia)			
Neurological illness/impairment (For example, epilepsy, dementia, multiple sclerosis, migraine, Parkinson's disease, dyslexia, or Asperger's syndrome			
Chronic Fatigue Syndrome			
Cardiovascular or respiratory illness			
Musculoskeletal problems (Including all Work-Related Upper Limb Disorders)			
Sensory impairment (For example, visual or hearing impairments) not corrected by glasses			
Infection (Include blood borne viruses, HIV			

and AIDS, Hepatitis C and tuberculosis)			
Skin problems i.e., dermatitis, skin disease			
Alcohol or drug dependency			
Do you have any disease, injury, disability, or medical condition not mentioned above?			
Are you waiting for any other medical investigations, examinations, or operations?			
Are you taking any medicine or drug at the present time? (Whether prescribed or not)			
Have you undergone or are you in the process of undergoing any operation?			
Have you had a chest x-ray in the last two years? What was the result?			
Have you ever been medically retired from any job, or left any job because of ill health			
Do you consider yourself fit to perform the duties of the post?			

Do you have a disability? If so, please provide any details of any adaptations that you would require to perform the job effectively and work at the school?

Please list all absences from work through any form of ill-health during the last 12 months (Please give dates and reasons for absence)

Declaration

I hereby certify that the above statements are to the best of my knowledge and belief correct. I understand that if I have made a false statement or material omission then my contract of employment could be subsequently terminated.

Signature of successful candidate

Date