# The Ridge Employability College

## Pre-Employment Health Questionnaire – Enhanced Screening

# CONFIDENTIAL

This form asks questions about your past and present health. All medical information will be confidential to the college and their Occupational health provider. It will be used to make an assessment of your health in relation to your proposed employment. It is part of the conditional offer of employment made to you that you complete this documentation in its entirety. It will be used to make an assessment of your health in relation to the conditional offer of employment.

**Full Name:** ______________________________ **Date Of Birth** ☐☐ ☐☐ ☐☐
Date Month Year

**Address:** ______________________________________________________________

______________________________________________________________________

________________________________________ **Post Code:** ________________

**Home Tel. No:** ______________________ **Mobile No:** ______________________

**Email:** ______________________________________________________________

**National Insurance No:** ___________________________ **Male** ☐ **Female** ☐

**IMPORTANT**

**Part A of this form must be fully completed by the Senior Administrator in the College before it is given to the Applicant.**

**Part B must be fully completed by the Applicant.**

**Failure to complete all sections on this form will result in a delay in completing the health clearance and may affect the Applicants start date.**

**Part A – To be completed by the Senior Administrator of the College. Please ensure that all questions are answered before it is given to the Applicant**

Post applied for: ____________________ Location / Base: ____________________

Directorate: ____________________ Expected Start Date: ____________________

Full-Time ☐ Part-Time ☐ Temporary ☐ Other ____________________

| Does The Job Involve: | Yes | No | Details |
|---|---|---|---|
| a) Night/Shift Work? | ☐ | ☐ | ____________ |
| b) Display Screen Equipment? | ☐ | ☐ | ____________ |
| c) Confined Spaces/Exposed Space? | ☐ | ☐ | ____________ |
| d) Driving (if YES please state type of vehicle) | ☐ | ☐ | ____________ |
| e) Work at Height? | ☐ | ☐ | ____________ |
| f) Use of Vibration Tools? | ☐ | ☐ | ____________ |
| g) Lone Working? | ☐ | ☐ | ____________ |
| h) Food Handling? | ☐ | ☐ | ____________ |
| i) Dust or Fumes (if YES please state that type) | ☐ | ☐ | ____________ |
| j) Noise above 85dB (A) (the statutory need for ear protection?) | ☐ | ☐ | ____________ |
| k) Chemicals? | ☐ | ☐ | ____________ |
| L) Heavy Lifting? | ☐ | ☐ | ____________ |

**Name:** ____________________ **Tel No:** ____________________

Line Manager

**Part B – To be completed by the Applicant**

Present Occupation ____________________

Previous Occupations

| Date | Job Title | Duration | Time-off | Medical Problems at Work |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING? | Yes | No | Details/Dates |
|---|---|---|---|
| 1. Backache, back injury or slipped disc? Neck ache or neck injury? | | | |
| 2. Injury or problems of upper or lower limbs including joint pains? | | | |
| 3. A problem with any manual lifting process (including lifting, putting down, pushing, carrying or moving a load)? | | | |
| 4. Mental illness, depression, anxiety, panic attacks, stress? | | | |
| 5. Fits, epilepsy, fainting attacks, blackouts or giddiness or any other neurological disorder? | | | |
| 6. Heart disease, angina, raised blood pressure, asthma, bronchitis, pneumonia, TB or other chest illnesses? | | | |
| 7. Diabetes, thyroid disorders? | | | |
| 8. Stomach, liver or bowel problems? | | | |
| 9. Dermatitis, eczema, or other skin complaints including allergies e.g. food, chemical Plants, hayfever or medication? | | | |
| 10. Have you any defect of the ears/hearing or do you wear a hearing aid? | | | |
| 11. Have you any defect of the eyes/sight or do you wear spectacles or contact lenses? | | | |
| 12. Are you currently taking any form of medication or undergoing treatment? | | | |
| 13. Have you had any illness, infection, operation or serious injury not mentioned already (excluding childhood diseases). | | | |
| 14. Have you ever left a previous employment through ill health or a work related injury or condition? | | | |
| 15. Have you ever had to have adjustments/modifications made to your work in a previous employment? | | | |

16. a) What is your height ___ ft ___ ins or ___ m ___ cm

b) What is your weight ___ st ___ Lb or ___ kg

c) Do you smoke (if yes please state quantity per day) **Yes** ☐ **No** ☐

d) How many units of alcohol do you drink per week? ________________
(1 pint of lager is 3 units/175ml glass of wine is 2.3 units)

GP Name: ______________________________________________

Address: ______________________________________________

______________________________________________ Tel No: ____________________

**Declaration**

**I declare that the information given in this document is true and complete to the best of my knowledge and that any inaccuracy or omission may prejudice my employment with The Ridge Employability College. The above information will be held in by the College and will be used for health monitoring, surveillance and health promotion. I consent to medical interview and examination if necessary.**

Signed ____________________________ Date ____________________________

Please return the completed form directly to:

Debra Whittington
Senior Administrator
The Ridge Employability College
12 Ebor Court
Malton Way
Doncaster
DN6 7FE