**EMMAUS CAMBRIDGE PRE-EMPLOYMENT HEALTH QUESTIONNAIRE**

The information provided on this form will be used (i) to assess your medical capability to do the job for which you have applied; (ii) to determine whether any reasonable adjustments may be required to accommodate any disability or impairment which you might have; and (iii) to ensure that none of the requirements of the job for which you have applied would adversely affect any pre-existing health conditions you may have.

**Data Protection Act 1998 / Freedom of Information Act 2000 / Confidentiality**

Emmaus Cambridge will treat the information you provide on this form in a strictly confidential manner, and it will be held in accordance with the principles of medical ethics and relevant legislation.

If you require reasonable adjustment to your job or workplace (e.g. for reasons of health and safety) and/or where any such adjustment is necessary for your personal protection (e.g. epilepsy, type 1 diabetes, functional disability), information about the adjustments required (but not your underlying medical condition) may be divulged to your line manager for the purpose of determining whether any adjustments are required or can be made to the post for which you have applied.

**Equality Act 2010**

This form enables Emmaus Cambridge to assess your medical fitness against the specific requirements of the post for which you are being considered. If you have a disability or impairment, the information you give us about it on this form will help us to ensure that any reasonable adjustments you may require are considered properly. The information you give us will also provide baseline data for any future health assessment(s) that may be made during your employment.

**Applicant information**

Surname : Title :

Forename(s) : Gender: Male / Female

Date of birth:

Current address:

Daytime telephone number: Mobile:

Email:

Job Title: Proposed start date:

Working hours: full-time / part-time [delete as appropriate]

If part-time, please note % full-time and arrangement of hours:

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| Are you taking, or will you be taking, any medication which might affect your capacity to do the job you have applied for? **Yes/No** |
| Are you waiting for any medical investigations, treatment or admission to hospital? **Yes/No** |
| Do you have any health problems that may have been caused or made worse by work? **Yes/No** |
| Do you have any health problems that you think may affect your performance or safety in work? Examples of illnesses or other conditions which may be relevant include (but are not limited to): vision deficiencies, disorders of the heart or arteries, chronic infections, epilepsy, fits, fainting, blackouts, giddiness, back trouble, arthritis, chest complaints, drug and alcohol-related problems, nervous or psychiatric conditions, removal of your spleen etc? **Yes/No** |
| Has a doctor ever advised you not to be exposed to any particular work situation, chemical or organism? **Yes/No** |
| Do you suffer with any condition that could affect your immunity? **Yes/No** |
| Have you ever suffered from asthma or an allergic reaction? **Yes/No** |
| Have you had any skin problems e.g. eczema, psoriasis, dermatitis or recurrent skin infections? **Yes/No** |
| Is your immunity to infection reduced by disease or drugs? (eg HIV or steroids.) **Yes/No** |
| If the answer to any of the above questions is yes or you have any medical condition(s) that would require reasonable adjustment(s) to be made to your workplace or working practices, please give further information below. |

**DECLARATION AND CONSENT BY THE APPLICANT**

I have answered all the questions honestly, accurately and in full.

I understand that should I conceal relevant information or provide deliberately misleading information about my health either on this form or at a health interview, the offer of employment may be withdrawn, or my employment may be terminated.

Female candidates: if you are pregnant, or think you might be, you should inform your line manager as soon as possible after your job offer has been confirmed. This is required in order that an appropriate risk assessment of your workplace and your employment may be performed as required by the Management of Health and Safety at Work Regulations 1999.

I understand that the information I provide may be used by my employer for the purpose of determining whether any adjustments are required or can be made to the post for which I have applied, and I consent to the release of such information.

PLEASE NOTE: Before signing this form please make sure that you have completed the questions as accurately as you are able, and that you have provided any further details where necessary. If you have answered ‘YES’ to any of the questions, please ensure that in your personal information there is included a daytime telephone number in order that you may be contacted if necessary.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you wish to inform Emmaus Cambridge of any other relevant health or social issue that is not covered elsewhere in the form, please use the space below and continue on a separate sheet if necessary.

