**Health and Fitness Questionnaire**

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| **Please answer the following questions** | | | | | | **Yes** | | **No** | |
| **1** | | Do you have or have you ever had any significant health problem, impairment / disability (physical or mental) or learning difficulties that may affect your ability to undertake the tasks set out in the job description of the post offered? | | | |  | |  | |
| **2** | | Do you have or have you ever had any illness, impairment of disability that may have been caused or made worse by your work? | | | |  | |  | |
| **3** | | Have you ever left or been denied employment in an organisation on the grounds of ill health or been medically retired on the grounds of ill health? | | | |  | |  | |
| **4** | | Are you having, or waiting for any medical treatment or investigations at present? | | | |  | |  | |
| **5** | | Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? | | | |  | |  | |
| If you answered yes to any of the above questions. Please provide details below: | | | | | | | | | |
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| **Applicants Declaration**  Click or Circle **Yes / No** as appropriate | | | | | **Read and Understood** | | | |
| **1** | I confirm that the information given above is complete and correct, I understand that any incomplete, untrue or misleading information given to will entitle the employer to reject my application, withdraw any offer of employment, or, if I am employed, dismiss me without notice. | | | | Yes | | No | |
| **2** | By my signature, I give authority to the employer to contact my GP for further details regarding any of the potential health problems I have declared above. | | | | Yes | | No | |
| **3** | I agree that reserves the right to require me to undergo a medical examination to assess my suitability for work. | | | | Yes | | No | |
| **4** | I do not wish to complete the questionnaire, and I do not wish to have a free health assessment. | | | | Yes | | No | |
| **5** | Will you need any special aids or adjustments or assistance to enable you to undertake the tasks set out in the job description of the post offered? | | | | Yes | | No | |
| **Print Name** | | | **Signature** | **Date** | | | | | |
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