**Health and Fitness Questionnaire**

|  |  |  |
| --- | --- | --- |
| **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: |
|  |
| **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** |
|  |  |  |