

**HIGH RISK DRIVERS - GP VALIDATION**

**Preferred Candidate Details – Section 1**

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Post Applied for:</b>	

**Medical History – Section 2**

<b>Have you had any of the following?</b>	<b>Yes</b>	<b>No</b>	<b>Please provide details where appropriate</b>
<p><b>Vision:</b></p> <p>Other than the need for spectacles or contact lenses, have you ever experienced a disturbance of vision such as double vision, blurring or blind spots?</p> <p>Have you ever had to attend an eye specialist?</p>			
<p><b>Nervous System:</b></p> <p>Have you ever had any form of seizure, convulsion, fit, epilepsy, fainting attacks or blackouts?</p> <p>Have you lost consciousness or been knocked out in the last 5 years?</p> <p>Have you ever experienced sudden dizziness?</p> <p>Have you ever had a disease or injury to the brain, such as stroke, mini-stroke, hemorrhage, tumor, head injury, multiple sclerosis, Parkinson's disease or dementia?</p> <p>Do you have any form of diabetes?</p>			
<p><b>Mental Health:</b></p> <p>Have you ever had any mental health problems in the last 3 years, such as depression, psychosis or disabling anxiety?</p>			

<p>Have you had an issue with drug or alcohol misuse or dependency in the last 3 years?</p>			
<p><b>Cardiovascular:</b></p> <p>Have you ever had a heart attack?</p> <p>Have you ever had an irregular heartbeat?</p> <p>Have you ever had any heart treatment such as coronary artery surgery, stents, a pacemaker or defibrillator inserted?</p> <p>Have you ever had any problems with your circulation such as pain in the legs whilst walking?</p>			
<p><b>Other:</b></p> <p>Have you ever had cancer?</p> <p>Have you ever had problems with your kidneys, liver or breathing?</p> <p>Do you have difficulties with your limbs or spine which can affect your ability to drive?</p>			

Medical History – Section 3				
Please complete where appropriate:	Yes	No	If yes, please provide the quantity per day	Please give details where appropriate
Do you smoke?				
Do you drink alcohol?			units	

**Please list all medications taken, whether prescription or over the counter:**

**Please list all hospital attendances, whether to a clinic, A & E or for treatment over the last 5 years:**

If any of the information supplied above requires clarification you may be contacted by the Council's Occupational Health Provider – Optima Health.

A further medical examination will be required to ensure that the Council is not putting you or service users at risk. Details of any medical examination will not be given to any person outside the Occupational Health Service without your written consent, but general information will be supplied to your proposed employing service to allow them to fully prepare for you commencing employment.

In signing this questionnaire, you confirm that all information provided is true to the best of your knowledge. You also accept that if it is subsequently shown that relevant medical information has not been disclosed by you, or has been misleading or false, then it could affect your employment status with North Ayrshire Council.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

GP VALIDATION		
Please tick where appropriate:	Yes	No
Are you in possession of this patient's complete medical history?		
According to these records and your knowledge of the applicant do the answers provided by them in the questionnaire appear to be correct?		
Are you aware of any other medical information that might be relevant to this application?		

Please enclose copies of any relevant correspondence.

**PLEASE NOTE A MEDICAL EXAMINATION IS NOT REQUIRED**

GP's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Practice Stamp:

**NB: The preferred candidate will pay any fee required for the completion of this form.**

You (the preferred candidate) should return this certified GP Validation form to [NACOH@optimahealth.co.uk](mailto:NACOH@optimahealth.co.uk) who will attach this to the pre-employment Health Questionnaire you should already have received and completed. Both forms will be considered by Optima Health when undertaking your Occupational Health consultation.