# North Ayrshire Council

# Preferred Candidate Health Questionnaire

Please complete the questionnaire as accurately as possible ensuring that **all questions** are answered.

The information in this questionnaire will be used to assess your medical capability for the role and if any reasonable adjustments (as defined under the Equality Act 2010) are required on taking up employment with North Ayrshire Council. Once completed, please email it to Occupational Health direct at the following email address: [**occupationalhealth@north-ayrshire.gov.uk**.](mailto:occupationalhealth@north-ayrshire.gov.uk)

The Council’s Occupational Health Provider will retain the questionnaire and no clinical information will be released without your prior consent.

## Section 1 – Post Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service: |  | Location: |  | | |
| Job Title: |  | Proposed Start Date: |  | NAY No: |  |

## Section 2 – Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Forename: |  | Surname: |  |
| Date of Birth: |  | Sex (M/F): |  |
| Address: |  | Mob/Landline: |  |
| GP Name: |  | GP Address: |  |

## Section 3 – Job History

Please list your two most recent jobs and employers:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Title:** |  | **Employer:** |  | **Start Date:** |  | **End Date:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Title:** |  | **Employer:** |  | **Start Date:** |  | **End Date:** |  |

Have you been exposed to any of the following hazards in any previous job? If so, did you wear personal protection such as gloves or masks? **Please mark your response with Y for Yes or N No.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Exposed to Hazard (Y/N)** | **Over what period of time?** | **Personal Protection Worn? (Y/N)** |
| **Display Screen Equipment** |  |  |  |
| **Noise** |  |  |  |
| **Vibration** |  |  |  |
| **Asbestos** |  |  |  |
| **Chemicals** |  |  |  |
| **Physically demanding work** |  |  |  |

## Section 4 – Personal History

**Please answer all questions with either Y for Yes or N for No.**

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **Please give details where appropriate** |
| Do you consider yourself to be in good health? |  |  |
| Do you consider yourself to be disabled? |  |  |
| Are you restricted for medical reasons from carrying out any particular type of work? |  |  |
| Have you had an illness or accident in the last three years which has caused you to be in hospital? |  |  |
| Have you been in employment at all during the last 12 months? |  |  |
| Have you had to give up a job for medical reasons? |  |  |
| Do you take any form of regular physical exercise? |  |  |
| Are you currently taking any prescribed medication on a regular basis (excluding contraceptive pills)? |  |  |
| Have you consulted your own GP or any other heath practitioner (including physio therapist osteopath etc) during the last 3 months? |  |  |

**Please detail periods of sickness/absence over last two years:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To |  | From |  | Reason |  |
| To |  | From |  | Reason |  |
| To |  | From |  | Reason |  |
| To |  | From |  | Reason |  |

## Section 5 – Smoking and Alcohol

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **Please give details where appropriate.** |
| **Do you Smoke?**  *If yes, quantity per day?* |  |  |
| **Do you drink alcohol?**  *If yes, quantity per day in units?* |  |  |

## Section 6 – Medical History

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **Please give details where appropriate.** |
| Have you had any heart trouble e.g. heart attack, angina? |  |  |
| Have you been diagnosed as having high blood pressure? |  |  |
| Have you had migraine attacks? |  |  |
| Have you had a chest disease at any time e.g. asthma, bronchitis, pleurisy, tuberculosis? |  |  |
| Do you have any allergies or allergic conditions e.g. hay fever, allergy to animals? |  |  |
| Have you had recurrent indigestion, gastric or duodenal ulcer? |  |  |
| Do you have recurrent diarrhoea or any chronic bowl disease? |  |  |
| Have you had Jaundice? |  |  |
| Do you have, or have you had a hernia (rupture)? |  |  |
| Have you had any kidney or bladder trouble? |  |  |
| Do you have diabetes? |  |  |
| Have you had persistent or recurrent low back pain? |  |  |
| Have you had persistent or recurrent neck/shoulder pain? |  |  |
| Have you had persistent or recurrent pain in the arms/hands/wrists? |  |  |
| Have you had fainting attacks or blackouts? |  |  |
| Have you been diagnosed as having epilepsy? |  |  |
| Have you received treatment for anxiety/depression or other mental health disorder? |  |  |
| Have you had treatment or support from a psychiatrist, psychologist or counsellor? |  |  |
| Have you had any skin trouble e.g eczema, dermatitis, psoriasis or skin allergy? |  |  |
| Do you have any difficult with colour perception? |  |  |
| Have you had any persistent disorder/disease affecting the eyes? |  |  |
| Do you wear spectacles or contact lenses? |  |  |
| Have you had any ear disease or persistent discharge from either ear? |  |  |
| Do you have any hearing deficiency? |  |  |
| Have you had any operations? |  |  |
| Do you have dyslexia, reading or writing difficulties? |  |  |
| Do you have, or have you had any other medical condition not mentioned above? |  |  |

If any of the information supplied above required clarification you may be contacted by the Council’s Occupational Health Provider.

A further medical examination may 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 Heath Service without your written consent, but general information will be supplied to your proposed employing department 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 stations with North Ayrshire Council.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |