



Pre-Employment Health Assessment Questionnaire

Please complete this form, place in the attached envelope, seal the envelope and put your name on it. This form will not be reviewed prior to your interview; it will only be read if you are the preferred candidate for the post.

The information provided on this form assists us in assessing your fitness for work. If you tick Statement A in Section 2 (5), below, and you are the preferred candidate, you will be issued with an 'Assessment of Fitness for Work' form, which will be reviewed by the Trust's Occupational Health Service professionals

All applicants must complete Sections 1, 2 and 3

Section 1: Personal Information

Post applied for:					
Name of school:					
Surname:		Title:		Forename:	
Address:					
					Postcode:

Section 2: Fitness information

Please read the questions below and then indicate, by ticking either Statement A or Statement B (in the table below) whether, or not, you would respond affirmatively to any of questions 1 to 5, listed below:

1. Do you need any special aids/adaptations to assist you at work (regardless of whether, or not, you have a disability), e.g. specialist seating, voice-activated software, loop systems etc.?
2. Do you have a medical condition, or disability, which may affect your ability to carry out your proposed work?
3. In relation to your health, are you waiting for treatment or investigations of any kind at present (excluding routine tests to monitor an existing well-controlled condition) ?
4. Have you ever left previous employment, through ill health, or due to a work-related injury or condition?
5. Over the past two years, have you been absent from work / study due to illness for a total of more than 10 days, during any calendar year?

A. I Would Answer Yes To One Or More Of The Above:	<input type="checkbox"/>
B. None Of The Above Applies To Me:	<input type="checkbox"/>



Section 3: Declaration

I confirm that the declaration provided in Sections 1 and 2 of this form is correct to the best of my knowledge, and I understand that making a false declaration could affect my employment with the Trust.

Name..... (Block capitals please)

Signature

Date.....

Section 4: Appointing manager action (office use only)

Name of Appointing Manager (Block capitals please)

Post Title

Telephone Extension Number

Please tick below:

I confirm that, based on the information provided by the candidate, this appointment may proceed	
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Signed

If you have approved the appointment of the above candidate, based on the information provided above, please retain this form in the colleague's personal file.

If you have referred the candidate for a 'Fitness For Work' assessment, please e-mail this form to the Trust's Occupational Health Service (OHS) provider (via the Trust Business Manager). Once you have received a fitness certificate from the OHS, please retain a copy of the AFFW/ASP fitness certificate in the colleague's personal file.