

## Pre-employment Health Questionnaire

Nexus Support is committed to the health and safety of its staff. As part of this commitment, this Pre-employment questionnaire is required to be completed by all staff prior to taking up employment with Nexus support

Nexus, like every employer is bound by *The Management of Health and Safety at Work Regulations 1992*, which are supplemented by an Approved Code of Practice. We are required to make assessments of risks to which employees may be exposed at work, and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition *the Disability Discrimination Act 1995* imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up propose employment. This Pre-employment questionnaire, supplemented where necessary by a further medical assessment, is part of the Nexus's fulfilment of our legal responsibilities in respect of the above two pieces of legislation.

### Medical History

Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (i) date, (ii) amount of time lost from work/school, (iii) treatment, as appropriate.

Have you ever suffered from any of the following illness:

**If yes, please give details**

Visual impairment/eye conditions (including colour-blindness)	Yes	No
Hearing impairment/ear conditions	Yes	No
Severe anxiety, depression, other psychiatric disorder	Yes	No
Paralysis or other neurological disorder	Yes	No
Fainting attacks, blackouts, epilepsy or fits	Yes	No
Recurrent headaches, migraine	Yes	No
Vertigo, giddiness or tinnitus	Yes	No
Heart disease, high blood pressure	Yes	No
Asthma, bronchitis, tuberculosis or other chest disease	Yes	No
Peptic ulcer or other digestive or bowel disorder	Yes	No
Liver disorder	Yes	No

Kidney or bladder problems	Yes	No
Recurrent backache, arthritis, rheumatism	Yes	No
Any blood disorder	Yes	No
Eczema, dermatitis, other skin conditions	Yes	No
Diabetes, thyroid or other gland problems	Yes	No
Hayfever, allergies to drugs, animals etc	Yes	No
Any recurrent infections	Yes	No
Any impairment of immunity to infection	Yes	No
Varicose veins causing trouble	Yes	No
Hernia	Yes	No
Any alcohol or drug related problem or illness	Yes	No
Have you been immunised against TB?	Yes	No
Have you been immunised against Hepatitis B?	Yes	No
Any other medical condition, physical or mental, not mentioned above	Yes	No

**Have you**

Ever undergone a surgical operation or been admitted to hospital for any reason?	Yes	No
had a spell of long term illness/absence(over 1 month) in the last year? If so, why and for how long?	Yes	No
Ever been, or are a Registered Disabled Person?	Yes	No
Received a Disability Pension?	Yes	No
Suffered from an Industrial Disease/Accident?	Yes	No
Had a chest X-ray in past 12 months - If so state place/date/result	Yes	No

**Please give details where appropriate**

Are you currently attending a doctor?	Yes	No
Are you at present on any medication or treatment		

prescribed by a doctor?

Yes No

**Your employer has a duty under the Disability Discrimination Act 2005 (DDA) to support individuals with disabilities that may affect them at work**

Do you feel that you have any condition that may be included under the DDA and which may affect your ability to do this job e.g. mobility, physical strength or stamina, sight, hearing, speech, mental illness / impairment etc?

Yes No

**Declaration**

I declare that, to the best of my knowledge, the information I have given is correct.

I understand that I may be required to attend a medical examination.

I understand that failure to disclose relevant information or giving false information may result in termination of my employment

Signature

Date