

Health Questionnaire - Confidential				
Full Name				
Occupation				
Name & address of GP				
	Yes	No	Give details	
Have you had a chest x-ray in the last 2 years?				
Have you attended an outpatients department for longer than 6 weeks?				
Please provide information relating to any of the under-mentioned illness or disorders from which you have suffered within the last five years (please attach a separate sheet of paper if required).				
	Date	Details		Date
Allergies			Fainting/dizziness	
Asthma			Hay fever	
Arthritis			Heart circulatory	
Back trouble			Hernia	
Bronchitis			Malaria	
Diabetes			Migraine	
Epilepsy			Nervous disorder	
Fits			Rheumatic complaints	
Skin disorders			Sleeping disorders	
Psychological disorders			Tuberculosis	
Please give details of any other serious illness / injury / operation / physical defect / disability you have had in the last two years which may have a Health & Safety implication in your occupation.				
How many days (approx.) have you been absent owing to illness in the last two years?				Days
Are you a registered disabled person?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, complete the following:		Certificate No.	Expiry date	
I certify that, to the best of my knowledge and belief, the information I have given is true and complete. I hereby give my consent to undertake any medical examination if required, the details of which may be released to Construction Services (UK) Limited.				
Signed		Name		Date