PLACEMENT QUESTIONNAIRE

PERSONAL DETAILS

Company Ref		**Questionnaire Ref**	
Company			
Title	Mr/Mrs/Miss/Dr/Other	**Department**	
Forename		**Surname**	
Date of Birth			
Address			
Town		**County**	
Postcode		**Telephone**	
Mobile		**Email**	

For Office Use Only (This section must be filled in by HR Dept or Line Manager)

All correspondence regarding this questionnaire should be returned to:-

Name		**Telephone:**	
Email:			

The information given by you on any part of this form will be used as the basis of a medical opinion given by our Company Medical Advisors. Please answer all the questions truthfully and completely

Role Profile - Please identify which single occupational grouping most closely fits your potential role:

☐ Call Centre ☐ Construction/Highways/Infrastructure ☐ Driver (Car/Van) ☐ Driver (HGV/LGV) ☐ Education (Teacher, LSA etc.) ☐ Education-Physical role (Teacher etc) ☐ Factory/Warehouse/Logistics ☐ Food Handler/Catering/Food Manufacturing ☐ Grounds/Parks/Garden ☐ Health/ Healthcare Worker/ Environmental Health	☐ Heavy Engineer ☐ Leisure Centre-Physical role ☐ Maintenance/Cleaning/Caretakers/ Technician ☐ Management ☐ Mechanical/Light Engineering ☐ Nursery Nurse/Nursery Assistant ☐ Nursery Manager/Deputy ☐ Office/Desk based/ Sedentary/ Customer Service/Reception	☐ Retail/Sales ☐ Sales Rep & Company car driver ☐ Security ☐ Social Care/Worker ☐ Traffic Warden/Patrol ☐ Volunteer ☐ Waste and Recycling ☐ Other _____

Section 1 - General - In order that your potential employer may take reasonable steps to assist you in carrying out your employment please answer the following questions in so far as they are relevant to you:

Question	Response	If you respond "yes" please provide additional information
Do you suffer from any medical condition, that you feel you would need support with in order to carry out functions which are essential to your proposed employment?	☐ **Yes** ☐ **No**	
Are you currently receiving any treatment or investigations for any condition that you feel you may need support with in order to carry out functions which are essential to your proposed employment?	☐ **Yes** ☐ **No**	
Are you taking any medication which makes you drowsy or has any other side effects?	☐ **Yes** ☐ **No**	
Do you require any adjustments to be made to your work or work environment due to a medical condition?	☐ **Yes** ☐ **No**	

Have you been treated for alcohol related problems or advised to reduce your alcohol intake in the last 12 months?	☐ Yes ☐ No	
Have you used any drug of abuse (not alcohol or tobacco) within the last 12 months?	☐ Yes ☐ No	
Have you been treated for drug related problems within the last 12 months?	☐ Yes ☐ No	
Do you have or are you currently being investigated for a learning difficulty, i.e. dyslexia, dyspraxia, ADHD?	☐ Yes ☐ No	
Section 2 - Respiratory		
Question	**Response**	**If you respond "yes" please provide additional information**
Do you suffer from any respiratory condition that may be exacerbated by your potential environment, contact with substances or chemicals?	☐ Yes ☐ No	
Do you require any medical support with regard to a respiratory condition?	☐ Yes ☐ No	
From your knowledge of the job that you will potentially be doing, is there anything that you feel may impact on your medical condition?	☐ Yes ☐ No	
Do you have any allergies?	☐ Yes ☐ No	
Are there any adjustments that you feel would be required to allow you to undertake your potential role without impacting on your medical condition?	☐ Yes ☐ No	
Section 3 - Vision		
Question	**Response**	**If you respond "yes" please provide additional information**
Do you have any visual deficits that are not corrected with glasses/contact lenses?	☐ Yes ☐ No	
Have you been diagnosed as having a colour deficit (colour blind)?	☐ Yes ☐ No	
Do you have any visual deficits that you feel would impact on any intrinsic functions of your role?	☐ Yes ☐ No	
Section 4 - Hearing		
Question	**Response**	**If you respond "yes" please provide additional information**
Do you have a hearing deficit?	☐ Yes ☐ No	
Do you have a medical condition that has caused you to have a hearing deficit?	☐ Yes ☐ No	
Has previous noise exposure contributed to your hearing deficit?	☐ Yes ☐ No	
Have you ever been advised to reduce noise exposure?	☐ Yes ☐ No	

Section 5 - Skin		
Question	**Response**	**If you respond "yes" please provide additional information**
Do you suffer from any skin conditions that may be exacerbated by your environment, contact with substances or chemicals?	☐ **Yes** ☐ **No**	
Do you require any medical support with regard to a skin condition?	☐ **Yes** ☐ **No**	
From your knowledge of the job that you will potentially be doing, is there anything that you feel may impact on your medical condition?	☐ **Yes** ☐ **No**	
Are there any adjustments that you feel would be required to allow you to undertake your potential role without impacting on your medical condition?	☐ **Yes** ☐ **No**	
Section 6 – Neurology		
Question	**Response**	**If you respond "yes" please provide additional information**
Do you suffer from any condition that causes you to have balance problems or would pose a safety risk to any intrinsic function of your potential role?	☐ **Yes** ☐ **No**	
Do you suffer from any condition that causes you to lose consciousness?	☐ **Yes** ☐ **No**	
Do you suffer from blackouts, epilepsy or any condition that would pose a safety risk to either yourself, colleagues or the general public?	☐ **Yes** ☐ **No**	
Do you have any restriction on driving imposed by the DVLA?	☐ **Yes** ☐ **No**	
Section 7 – Psychological Health		
Question	**Response**	**If you respond "yes" please provide additional Information**
Do you presently suffer from any psychological condition including depression, anxiety, panic attacks or other stress related illnesses, requiring medication or other forms of treatment?	☐ **Yes** ☐ **No**	
Do you feel that you require any adjustments in relation to a psychological condition to enable you to undertake your potential role?	☐ **Yes** ☐ **No**	
Are there any factors that you feel would impact on your ability to undertake your potential role?	☐ **Yes** ☐ **No**	

Section 8 - Musculoskeletal		
Question	**Response**	**If you respond "yes" please provide additional information**
Do you have any medical conditions that affect your muscles, ligaments or joints that may impact on your ability to undertake any aspect of your potential role?	☐ **Yes** ☐ **No**	
Do you feel that you require any adjustments in relation to a musculo-skeletal concern to allow you to undertake your potential role?	☐ **Yes** ☐ **No**	
From your knowledge of the job that you will potentially be doing, is there anything that you feel may impact on your medical condition?	☐ **Yes** ☐ **No**	

Declaration – To be completed by All Applicants - please tick to indicate acceptance of the above

☐ I hereby declare, to the best of my knowledge and belief, that the above answers are true.
I realise that false or misleading statements within this questionnaire may result in action being taken against me, which may ultimately result in my dismissal under the appropriate organisational procedure.
I understand that advice will be given to management by the Organisation's Occupational Health Clinicians and that only appropriate medical information supplied by me, either verbally or written, which will enable my employers to support me in my role or to enable them to make reasonable decisions and adjustments will be divulged by the clinician to my employer.

Signed: .....Date:.....

It may be necessary for you to be contacted for more information or be requested to attend an appointment with an Occupational Health Clinician.

Medigold is committed to the principles and requirements of both the Access to Medical Reports Act 1988 and the Data Protection Act 1998 and hold the necessary notification and registrations for the processing of your data under the Data Protection Act 1998.