

Write Christian name and Surname here _____

Attachment to Pre-Employment Medical.

PERSONAL HEALTH HISTORY – INCLUDE ALL HEALTH HISTORY – WORK & NON WORK RELATED

Tick YES or NO to the following questions

| | YES | NO | If YES give details |
|--------------------------------------------------------------------------------------------------------------------|-----|----|---------------------|
| 1 Do you have any physical disabilities? | | | |
| 2 Is there any defect in the sight of either eye? | | | |
| 3 Have you any defect in hearing? | | | |
| 4 Are you affected by climbing heights? | | | |
| 5 Have you had any back/neck trouble of any kind? | | | |
| 6 Have you had any heart trouble or Angina? | | | |
| 7 Have you had any severe injury or operation? | | | |
| 8 Have you ever had any bone fractures or dislocation? | | | |
| 9 Have you ever had any hand trouble, including pins & needles in the fingers, broken bones or loss of strength | | | |
| 10 Have you ever had any ankle/knee trouble of any kind? | | | |
| 11 Have you ever had a rupture (hernia)? | | | |
| 12 Have you ever had wrist/elbow trouble of any kind? | | | |
| 13 Have you ever had any nervous trouble, epilepsy or fainting? | | | |
| 14 Have you ever suffered from depression or anxiety? | | | |
| 15 Have you ever had skin trouble (dermatitis)? | | | |
| 16 Have you ever had repetitive strain injury? | | | |
| 17 Have you ever had Stomach Ulcers, gall or kidney disorders? | | | |
| 18 Have you ever had whiplash from an accident? | | | |
| 19 Do you have any allergies? | | | |
| 20 Is there any family history of disease like Diabetes? | | | |
| 21 Have you a tendency to bleed or bruise excessively? | | | |
| 22 Have you ever had Asthma, Tuberculoses or Pleurisy? | | | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Write Christian name and Surname here _____ | | |
| 23 Have you ever had Rheumatics or Arthritis of any form? | | |
| 24 Have you ever had Goiter or Thyroid trouble? | | |
| 25 Do you suffer from any blood born or communicable disease? | | |
| 26 Have you ever had high blood pressure? | | |
| 27 Have you ever had Kidney or Bladder disease? | | |
| 28 Have you ever had Cancer or Tumor of any kind (including skin)? | | |
| 29 Have you ever had ear discharge, Antrum or Sinus trouble? | | |
| 30 Have you ever had persistent headaches? | | |
| 31 Have you ever had any illness or suffered any breakdowns, met with any injury or undergone any surgical operation not already stated above? | | |
| 32 Have you ever been on Workers Compensation for any reason? | | |
| 33 Are you currently on any medication?? If yes, please state name and length of usage | | |

28/3/2007