

DRUMCONNER HEALTH QUESTIONNAIRE

Personal: Name..... Address..... Tel.....	Next of kin details: Name..... Relationship..... Address..... Tel.....	GP details Name..... Address..... Tel.....
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Have you ever suffered	No	Yes	Remarks:	Have you ever suffered	No	Yes	Remarks:
Angina?				Coughing up blood?			
Heart attack?				Asthma?			
Other heart problems?				Hay fever?			
High blood pressure?				Bronchitis?			
Irregular heart beat?				Pneumonia?			
Stroke?				Other lung / chest problems?			
Ankle / leg swelling?				Tuberculosis?			
Pain in legs on walking?				Period / Prostate problems?			
Thrombosis (blood clots)?				Kidney stones / disease?			
Varicose Veins?				Other urinary problems?			
Other circulatory problems?				Gallstones?			
Shortness of breath?				Recurrent indigestion / Heartburn?			
Persistent cough?				Stomach Ulcer?			

Have you ever suffered	No	Yes	Remarks:	Have you ever suffered	No	Yes	Remarks:
Hernia?				Arthritis?			
Rupture?				Rheumatic fever?			
Any bowel problems?				Other joint problems?			
Hepatitis?				Sciatica?			
Other liver problems / Jaundice?				Other nerve problems?			
Diabetes?				A head injury?			
Thyroid problems?				Headaches (frequent)?			
Other glandular problems?				Fainting or dizziness?			
Any tropical disease eg. Malaria?				Epilepsy / fits or convulsions?			
Glaucoma?				Anaemia?			
Other eye / sight problems?				Other blood problems?			
Deafness?				Cancer?			
Other ear / hearing problems?							
Skin problems?							
Recurrent backache?							
Other back problems?							

Have you ever	No	Yes	Remarks:	Do you	No	Yes	Remarks:
Had a serious accident / injury / fracture / break?				Or have you ever, smoked?			
Had a serious accident / injury / Fracture / break at work?				Drink alcohol?			Units per week?
Had an allergic reaction?				Have a cardiac pacemaker?			
Reacted to latex (rubber) products? (eg. Balloons, elastic, condoms)				Wear spectacles / contact lenses / hearing aid?			
Been treated with steroids (eg. Prednisolone, hydrocortisone)?				Have any physical disability not already identified?			
Been treated with anticoagulant drugs (eg. Aspirin, warfarin)?				Suffer from any other ailments?			
Reacted to a drug / anaesthetic?				Have any other special needs?			
Received in – patient treatment for a physical or mental condition?				List all previous surgery:			
Been refused or dismissed from employment for health reasons?							
Received a disability pension?							
Been registered disabled?			Card no: Expiry date:	List all current drugs (including inhalers, injections, hormone replacement therapy)			
Been made ill by your work?							
Been refused a driver's licence due to ill health?							
Worked in a dusty trade?				Any other information that you wish to disclose and / or may be useful if an emergency may occur during your employment at Drumconner			
				To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.			
				Signature	Date		
				Name	Date of birth		