

T.L.C. Home Care Services
Pre-employment Medical Questionnaire

Name

Position applied for

Doctors name and address

Physical Description

Height

Weight

Are you suffering or have you ever suffered from:	Yes *	No *	Please give full details attach a separate sheet if needed
Back or neck pain?			
Rheumatic or arthritic conditions?			
Hernia?			
Upper limb disorder such as tenosynovitis, tendonitis or carpal tunnel syndrome?			
Fits, fainting attacks or epilepsy?			
Depression, anxiety or nervous illness, or have you been referred for psychiatric assessment?			
Typhoid, paratyphoid, dysentery (or are you known to be a carrier)			
Skin trouble affecting hands, arms or face/boils, styes or septic fingers/discharge from eye, ear or			
Recurring skin or ear trouble			

*** Tick as appropriate**

Continued

	Yes *	No *	Please give full details attach a separate sheet if needed
Recurring bowel disorder			
Tuberculosis or hepatitis?			
Any illness or medical condition not specified above?			
In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or			
Have you now, or have you over the last seven days, suffered from diarrhoea and/or vomiting			
Have you ever lost time from work as a consequence of one of the above conditions?			
Are you currently on any medication, or undergoing any treatment?			
Have you ever taken time off work due to an accident at work?			
Have you ever been in receipt of state benefit as a consequence of an illness or injury arising from your work?			
Have you ever been awarded compensation for an injury or illness arising from your work?			
Have you ever been treated by a care professional with regard to alcohol or drug related matters?			

*** Tick as appropriate**

I declare that the statements are true, that I am now in, and usually enjoy, physical and mental health. I understand that the non-disclosure or suppression of any relevant facts known by me may prejudice my application or, if appointed, could lead to the termination of my employment.

I agree that a medical report may be obtained from my doctor or hospital specialist should T.L.C. Home Care Services deem it necessary.

Signature:

Date: