

PRE-EMPLOYMENT QUESTIONNAIRE

(To be held by Employer for First Aid information)

NAME: _____ ADDRESS: _____

DATE OF BIRTH: _____

MEDICAL CONDITIONS

	YES	NO	MEDICATIONS / DETAILS
Do you suffer from Asthma or any other respiratory related medical condition?			
Do you suffer from Diabetes Mellitus?			
Do you suffer from Epilepsy?			
Do you suffer from any Back problems or have you ever undergone Back Surgery ?			
Do you suffer from any heart related medical condition?			
Any allergic skin conditions (Eczema, dermatitis, etc.)?			
Have you ever being absent from work for greater than 1 week due to a medical condition / illness?			
Do you suffer from any medical related condition that prevents you from carrying out physical work? i.e. manual handling etc.			
Have you ever had your hearing checked?			
Do you suffer from any noise induced hearing loss?			
Have you ever worked with lead based solders or chemicals that required regular medical screening ?			
Have you ever had a work-related accident / illness resulting in more than 3 days absence from work.			

I confirm that the above information is accurate.

Signed : _____ **Date:** _____

Witness.....

Ovens Ballincollig Medical Group

Dr Patrick Crowley, Dr Ann Nicholson, Dr Eamonn O'Grady, Dr Shane McCarthy

MEDICAL EXAMINER'S REPORT

Mr./Mrs./Miss

First Name: _____ Surname: _____

Address: _____

_____ Date of Birth: _____

Telephone number: _____ Company name: _____

1 Position applied for: _____

2 Have you ever before been examined in a pre-employment medical?

Yes No

If yes, for which company and when? _____

3 Name and address of your normal medical attendant

4 When and why did you last consult a doctor? _____

5 **In the past have you been absent from work due to illness?** Yes No

Details _____

6. **Are you currently taking any regular medication?** Yes No

Details _____

7. **Have you suffered from or had symptoms of any of the following:**

If yes, please give full details of doctors, hospitals and dates.

A **Asthma, bronchitis, pleurisy, tuberculosis, spitting of blood or any other respiratory infection** Yes No

Details _____

B **Raised blood pressure, chest pain, shortness of breath, palpitations, any other affection of the heart or circulatory system** Yes No

Details _____

C **Peptic ulcer, chronic or persistent indigestion, any other affection of the digestive system including stomach, liver, bowel, etc.** Yes No

Details _____

D **Epilepsy, mental illness or disease of the brain or nervous system?** Yes No

Details _____

E **Rheumatism, arthritis, gout, rheumatic fever or back pain?** Yes No

Details _____

F **Any disease of the prostate, kidneys, bladder or genito-urinary system?**

Yes No

Details _____

G Any ear or eye affection or any impairment of hearing or vision? Yes No

Details _____

H Enlarged glands, tumours, cysts or swellings? Yes No

Details _____

I Diabetes or any other illness or accident? Yes No

Details _____

J Skin diseases, rashes, contact dermatitis, hayfever or allergies? Yes No

Details _____

**K Have you undergone any surgical operations, special tests or investigations,
including blood tests, X-rays and electrocardiographs? Yes No**

Details _____

8 Have you been on any medication recently? Yes No

Details _____

9 Have you ever taken drugs for other than medical purposes? Yes No

Details _____

10 What is your daily consumption of tobacco? _____

11 What is your weekly consumption of alcohol? _____

12 Have your habits with regard to either changed? Yes No

If yes, please explain _____

I declare that the above statements are true and complete to the best of my knowledge and that I have not withheld any material information.

I am aware that the results of this pre employment medical will be furnished to my prospective employer within 7 days of the date of examination.

Signature: _____ **Date:** _____

Witness: _____ **Medical Examiner**

(Please be prepared to provide a sample of urine on the day of the examination)