



PRE-EMPLOYMENT HEALTH QUESTIONNAIRE

Data Protection Notice : All information disclosed on the form will be treated in the strictest confidence, and will only be used for the purposes detailed in the Data Protection Act 1998.

The undernoted information is required prior to you commencing employment within Oregon Timber Frame Limited, in order to ensure you are able to carry out the requirements of the job, ensure your personal safety and to meet our statutory obligations imposed by the relevant Health & Safety Regulations. The information given will determine whether we require to make any reasonable adjustments to assist you in performing the work, in accordance with the requirements of the Disability Discrimination Act 1995.

NAME :	
ADDRESS :	

Please complete the following and give details where appropriate :-

QUESTION	YES/NO	Give Details
Have you ever suffered from any of the following ailments in the past ? <ul style="list-style-type: none"> ▪ Circulatory problems such as varicose veins, phlebitis or thrombosis ▪ Heart problems, angina, heart attack or stroke ▪ Respiratory problems such as asthma or severe bronchitis ▪ Chest problems such as breathlessness, wheezing, chest tightness or persistent coughing ▪ Diabetes ▪ Epilepsy ▪ Recent operations or injuries ▪ Back trouble or other muscular skeletal pain ▪ Arthritis or Rheumatism 		
Are you currently on any medication ?		
Have you suffered from any other significant health problems including eyes, hearing, skin etc. ?		
Do you currently require Prescription glasses or lenses ?		
Do you have any hearing problems or ear complaints ?		
Have you ever made a claim for Industrial Injury or Disease ?		

YOUR DOCTOR WILL NEVER BE CONTACTED WITHOUT YOUR PRIOR WRITTEN CONSENT TO DO SO

Declaration :-

I declare that all the above health statements are true and complete to the best of my knowledge and belief. I understand that if employed by Oregon Timber Frame Limited I have a responsibility to report if any of the above situations change during my employment.

Signed :

Date :

<i>For Employer Use Only</i>	
Post Applied For :	Base :
<u>This Post Involves Work With :-</u>	
VDU's <input type="checkbox"/>	Fumes/Dust <input type="checkbox"/>
Excess Noise <input type="checkbox"/>	Vehicles/Forklifts <input type="checkbox"/>
FURTHER ACTION REQUIRED YES / NO	