



## **Clare Hadow Occupational Health Specialists** **New Starter Health Declaration Questionnaire**

### **Instructions to the prospective employee**

The purpose of this questionnaire is to assist the organisation to meet their statutory duty to maintain a safe working environment for all employees, and where necessary make reasonable adjustments in order to accommodate the needs of employees with disabilities.

**Please read the following questions carefully, and then tick whichever of the statements are appropriate for you and sign the declaration below.**

**You are not required to give separate answers to the individual questions.**

If you declare 'YES' you may be required to undergo an assessment by the company's Occupational Health Specialist, when any medical issues relating to your proposed employment can be discussed in confidence.

- Do you have any difficulty in carrying out normal day to day activities or gaining access to buildings, climbing stairs etc.?
- Do you have any medical condition or disability which you believe your employer should be made aware of?
- Do you have any medical condition that could affect your ability to do the job for which you have applied, or could affect your safety or the safety of others with whom you work?
- Have you had any medical condition which you think has been caused or is made worse by your work?
- Do you have any difficulty in reading normal print, using display screen equipment or using a computer?
- Do you have any difficulty hearing and in particular using the telephone?
- Do you have any medical condition of which, in your own interest, First Aid personnel should be aware?

### **DECLARATION**

**I would answer YES to one or more of the above questions** YES ( )

**None of the above applies to me** NO ( )

◆ Approximately how many days sickness absence have you taken in the last 2 years?

**I confirm that the declaration provided above is correct to the best of my knowledge, and I understand that making a false declaration could jeopardise my employment with the organisation.**

Name: ..... (Block letters)

Signature: ..... Date: .....