

Pre employment Health Assessment

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Confidential to the Occupational Health Service

This form must be completed in full by the candidate and returned to HR or brought to the interview sealed in the CONDFIDENTIAL envelope provided.

The purpose of this screening is to make sure that your health is not going to be affected by the work for which you have applied. We also need to make sure that you will be able to work safely without undue risks to yourself, clients and colleagues. This questionnaire is **NOT** used to select the right person for the job, which is why it remains confidential to Occupational Health staff and is only assessed **after interview**.

Please complete using **black ink**. If you leave any gaps of unanswered questions, this will delay your health clearance. **Continue on a separate sheet if necessary**.

Surname:		Title:					
First Name(s):			M F				
Previous surname(s):							
Address:	National Ins. No						
	Work Tel No:						
Postcode:	Mobile No:						
E-mail address:							
Where can we contact you?	Vork Home	Mobile					
Proposed job title:							
☐ Full time ☐ Term time ☐ Relief ☐ Part time – state number of hours Have you previously attended the Essex County Council Occupational Health Service? Yes ☐ No ☐ Approximate Year:							
Please indicate the total number of the past 12 months: (if nil, please	,	ve taken from work	/education over				
No. of days:	Reasons:						
No. of occasions:							
No. of occasions							
Please give list of jobs, voluntary current job.		the last five years	, including your				
Please give list of jobs, voluntary		the last five years Date from	, including your				
Please give list of jobs, voluntary current job.	work or full time education for						
Please give list of jobs, voluntary current job.	work or full time education for						
Please give list of jobs, voluntary current job.	work or full time education for						
Please give list of jobs, voluntary current job.	work or full time education for						
Please give list of jobs, voluntary current job.	work or full time education for						
Please give list of jobs, voluntary current job.	work or full time education for						
Please give list of jobs, voluntary current job.	work or full time education for						

Please answer the fo	_	questions	, providing br	ief details. CONTIN	IUE ON A	A SEPARATE
1. Do you have any which affects your including dates:				r long-standing impa s please give details		Yes 🗌 No 🗌
2. Do you need any you have a disabil	•	•		you at work, whethe	er or not	Yes 🗌 No 🗌
3. Are you currently medications) or in dates:	_	_	•	reatment (including ase give details, inc	luding	Yes 🗌 No 🗌
4. Have you ever haw worse by work? If					or made	Yes 🗌 No 🗌
I declare that to the complete. I consent t					esponse	s are true and
I understand that ar manager based on released without my misleading answers.	this info written	rmation. N	No confidenti on. I understa	al or personal hea	alth info	rmation will be
misleading answers, my employment may be at risk. I consent to County Council recording and processing date on this questionnaire in						
accordance with its r					tilis qt	
				• · · · · · · · · · · · · · · · · · · ·		
Your Signature:				Date:		
For use by Occupat	ional Hea	Ith Centre	only:			
	Date	Initials	, y .	Further inforn	nation	
Deferred			Advise sives			
Referred			Advice given:	DSE assessment	Ш	
Approved/Fit				Manual Handling RA		
GP report requested				Other (state):		
Appt with OHA / OHP			Additional info:			
Reason for appointment						
Fit Certificate sent						