

[illegible]

**Please answer the following questions, providing brief details. CONTINUE ON A SEPARATE SHEET IF NECESSARY.**

**1.** Do you have any mental health, physical condition or long-standing impairment which affects your normal day-to-day activities? If yes please give details, **including dates:** Yes ☐ No ☐

**2.** Do you need any special aids / adaptations to assist you at work, whether or not you have a disability? If yes please give details: Yes ☐ No ☐

**3.** Are you currently having or waiting for any medical treatment (including medications) or investigations of any kind? If yes please give details, **including dates:** Yes ☐ No ☐

**4.** Have you ever had any health problems, which may have been caused, or made worse by work? If yes please give details, **including dates:** Yes ☐ No ☐

**I declare that to the best of my knowledge and belief, the above responses are true and complete. I consent to a clinical assessment if required.**

**I understand that an opinion on my fitness to work will be sent to the relevant appointing manager based on this information. No confidential or personal health information will be released without my written permission. I understand that if I withhold information, or give misleading answers, my employment may be at risk.**

**I consent to County Council recording and processing date on this questionnaire in accordance with its notification under the Data Protection Act.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For use by Occupational Health Centre only:**

	Date	Initials	Further information
Referred			Advice given: <b>DSE assessment</b> <input type="checkbox"/>
Approved/Fit			<b>Manual Handling RA</b> <input type="checkbox"/>
GP report requested			<b>Other (state):</b> <input type="checkbox"/>
Appt with OHA / OHP			Additional info:
Reason for appointment			
Fit Certificate sent			