



Woodham Mortimer Pre-School
Woodham Mortimer Village Hall
Post Office Road, Woodham Mortimer, Maldon, Essex CM9 6SX
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Registered Charity Number: 1060526 DFES / OFSTED Number 650168
PSLA Membership Number: 20167

Health Questionnaire

Personal Details

| | |
|--|--|
| Full Name | |
| Current Address | |
| Date of Birth | |
| GP Name, Address and telephone number | |

Health Declaration

| | | |
|---|--|--------|
| Are you in good health at present? | Very Good / Good / Satisfactory / Poor | |
| Are you at present attending a doctor or hospital for any reason. | Yes [] | No [] |
| Are you currently taking any medication or having any treatment from a doctor, hospital or other medical practitioner? | Yes [] | No [] |

If you have answered yes to either of the above questions, please provide full details of treatment and reasons for any prescribed medication (please use separate sheet if necessary)

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| | | | | | |
|--|------------|--|-----------|--|----------------|
| Do you suffer from any medical conditions which significantly affect your: | | | | | |
| | | | | | Details |
| Ability to Lift | Yes | | No | | |
| Sight | Yes | | No | | |
| Hearing | Yes | | No | | |
| Ability to Walk | Yes | | No | | |
| Ability to Bend | Yes | | No | | |
| Ability to Climb Stairs | Yes | | No | | |
| Stamina | Yes | | No | | |
| Ability to Write | Yes | | No | | |
| Ability to Type | Yes | | No | | |
| Ability to Hold | Yes | | No | | |

Previous Medical History

| | |
|---|---|
| Have you been admitted to hospital in the last two years or have you suffered any serious illness in the last five years? | Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] |
| If you have answered Yes to the above, please provide dates and details (please use separate sheet if necessary). | |
| Date | Details |
| | |
| | |
| | |

| | | |
|--|----------------|--------|
| Have you ever been in contact with a significant disease such as tuberculosis or hepatitis | Yes [] | No [] |
| If you have answered Yes to the above, please provide dates and details (please use separate sheet if necessary). | | |
| Date | Details | |
| | | |
| | | |
| | | |

| | | | | | |
|---|------------|--|-----------|--|----------------|
| Have you had the following immunisations? | | | | | |
| MMR (2 doses) | | | | | Details |
| Polio | Yes | | No | | |
| Tetanus | Yes | | No | | |
| Hep B | Yes | | No | | |
| (Hep B is advisable for members of staff who are likely to handle blood or who are working with children with additional needs) | | | | | |

| | | |
|--|---------|--------------|
| Do you smoke | Yes [] | No [] |
| If yes, approximately how many do you smoke a day? | | |
| Fewer than 10 | | 10-20 |
| | | More than 20 |

| | |
|--|-------|
| What is your alcohol intake per week in units? (1 unit = 1 small glass of wine or ½ pint of beer) | Units |
|--|-------|

| | |
|--|------|
| In the last year of your previous employment, how many days sick leave did you take? | Days |
|--|------|

Special Educational / Additional Learning Needs

Woodham Mortimer Pre-School works towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection. If you have any special educational or additional learning needs that we can support you with eg. dyslexia, please give details below:

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Declaration

I declare that to the best of my knowledge the answers given to the questions above are full and correct.

I also agree to notify the Practice Manager of any changes in medical condition which may necessitate the completion of a further health declaration.

Any of the above particulars may be subject to check with your GP / Doctor as we may need to get written confirmation from them that you are able and fit to work. Any fees will be paid for by the Pre-School. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or withdrawal of any offer of employment.

I declare that the information given on this is to the best of my knowledge correct and complete and can be treated as part of any subsequent contract of employment.

I understand that Woodham Mortimer Pre-School may process, by means of computer database or otherwise, any information which I provide to them, for the purpose of employment with Woodham Mortimer Pre-School.

| | |
|-------------------|--|
| Signature | |
| Print Name | |
| Date | |