

Laser Quest Stourbridge Ltd Pre-employment Medical Questionnaire

Data Protection Notice

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

Certain information is requested prior to you commencing employment with our company, 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 and Safety regulations. The information is also required to establish if we need to make any reasonable adjustments to assist you in performing the work, in accordance with the requirements of the Disability Discrimination Act 1995.

Your doctor will not be contacted without your prior written consent to do so.

Name:

Date of Birth:

Medical History

Have you ever suffered from any of the following ailments in the past? *Please give details where appropriate*

- Circulatory problems such as varicose veins, phlebitis or thrombosis
- Heart problems, angina, hypertension or heart attack or stroke
- Respiratory problems such as asthma or severe bronchitis
- Diabetes
- Epilepsy or fainting attacks
- Skin disorders
- Recent operations or bone fractures
- Back trouble, arthritis or rheumatism
- Injuries to bones, joints tendons, including wrist tendons

Are you currently on any medication?

Have you suffered from any other significant health problems including eyes, hearing, skin etc?

Have you ever made a claim for Industrial Disease or Injury?

Have you worked in an industry with high noise levels or been exposed to the use of hand held vibratory tools?

Signature

Date: