

REF NO:

OCCUPATIONAL HEALTH SERVICE

CONFIDENTIAL HEALTH DECLARATION

Pre-placement assessment aims to ensure so far as is possible that you are fit for the post for which you have applied. The contents of this form will remain confidential to the Occupational Health Service and will not be revealed to anyone else without your written consent.

This questionnaire forms part of the appointments procedure and failure to declare a health problem or giving false information can result in the termination of your employment. A disability or health problem does not preclude consideration for the job and applications from suitable people with disabilities are welcome

Post Applied For: Location: Department:	Personnel Officer/ Line manager: Proposed Start Date:
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Personal details:	
SURNAME:	Other NAME(S):
Date of Birth (dd/mm/yr):	Sex: Male/Female
Address:	
Telephone No:	

General Practitioner:	
Address:	
Telephone No:	

PREVIOUS OCCUPATIONS - starting with present post			
JOB TITLE	EMPLOYER	FROM	TO

PREVIOUS SICKNESS ABSENCE (time lost from work or school due to illness over last 2 years)	
LENGTH OF ABSENCE	REASON FOR ABSENCE

Form No: 186 Revision Status: 1



PLEASE ANSWER YES OR NO AND IF YES, PLEASE GIVE DETAILS IN THE SPACE PROVIDED.

		NO	YES	DETAILS
1	Are you in good health at present?			
2	Have you ever been treated in hospital ?			
3	Have you ever suffered a work related illness or accident, or given up work because of ill health?			
4	Do you smoke cigars/cigarettes/pipe/other?			If YES, how many per week?
5	Do you drink alcohol?			If YES, how much per week? Units
6	Are you having treatment of any kind at the moment?			
7	Are you waiting for any treatment or investigation?			
8	Have you been seen or examined by a doctor in the last 6 months?			
9	Do you have any problem with your vision or your eyes?			
10	Do you have any problems with your hearing or your ears?.			
11	Do you have any physical limitation which may affect your ability to work?			
12	Have you ever had any kind of back problem leading to time off work?			
13	Have you ever had any kind of problems with your joints, including pain, swelling or restricted movements?			
14	Do you have any difficulty in standing, bending, lifting or other movements?			
15	Have you ever had any kind of skin problem?			
16	Have you ever had diabetes, thyroid or gland problem?			
17	Have you ever had seizures, blackouts or epilepsy?			
18	Have you ever had asthma, bronchitis or chest problems?			
19	Have you ever had Tuberculosis (TB)?			
20	Have you had a cough for more than 3 weeks in the last 12 months?			
21	Have you ever coughed up blood?			
22	Have you had any unexplained loss of weight or fever in the last 12 months?			
23	Has any member of your family suffered from TB?			
24	Have you ever had any mental illness?			
25	Have you ever sought help for mental, psychological or emotional problems?			
26	Have you ever had a drug or alcohol problem?			
27	Do you have any allergies?			
28	Have you ever had hepatitis or jaundice?			



29	Have you ever received treatment for a gastric or bowel problem?			
30	Have you ever had heart circulation or blood pressure problems?			
31	Do you have any other medical condition?			
32	Disorder of the bladder or kidneys			
32	Have you ever been exposed to any of the following substances at work?: GLUTARALDEHYDE _____ FORMALDEHYDE _____ CYTOTOXIC AGENTS _____ PAINTS/SOLVENTS _____ ASBESTOS _____ NON-IONISING RADIATION _____ OTHER _____			
33	What is your height?	What is your weight?		
34	Please list any sports/hobbies			
35	Do you have a BCG scar? (normally on the left upper arm)			
36	Have you ever had chickenpox?			

DECLARATION

I declare that all of the above statements and information are true to the best of my knowledge and I understand that making a false declaration could lead to disciplinary action including the termination of my employment.

SIGNATURE: _____ DATE: _____

PRINT SIGNATURE: _____

IMMUNISATION HISTORY;

In order to protect you in your employment with the HSE, we routinely carry out a full immunisation review as part of pre-placement screening. To speed up the process and to ensure you have the required immunisations needed for your job, we ask that you complete the immunisation history where possible.

In most cases your General Practitioner, previous occupational health service or community care department will have a record of your vaccination history.

