THE LODDON SCHOOL
Pathway to a fulfilling life

PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE

Full Name:		
Address:		
	Post Code:	Contact No:

We will not contact your doctor without prior written consent.

Doctor's Name:		
Address:		
	Post Code:	Contact No:

Please use additional sheets of paper as necessary.

Question	Answer
1. How many days' absence have you had from work in the last three years? 2. How many periods of absence have you had in last three years?	Days: Periods:
3. Are you currently taking or have been prescribed medication (excluding contraceptives)? If YES, please give further details.	**YES/NO**
4. Are you currently receiving treatment for any physical or mental condition? If YES, please give further details.	**YES/NO**
5. Do you suffer from any injury, illness, medical condition or allergy that might affect your ability to perform your duties? If YES, please give further details.	**YES/NO**
6. Do you consider yourself to have a disability? If YES, please give further details.	**YES/NO**
7. It is recommended that employees are vaccinated against Hepatitis B. Please delete as necessary. (The school will cover the cost of the vaccination)	**I have had / will arrange a vaccination**

Data Protection Notice:

The School requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995.
The information you provide will be treated in the strictest confidence and used only for the purposes detailed above in compliance with the Data Protection Act 1998.

I confirm that the information given in this questionnaire is complete and accurate to the best of my knowledge.

Signature:	Date:

Place this form in the enclosed envelope and return it with your application form or under separate cover.