



HEALTH QUESTIONNAIRE

NAME:

DATE:

Applicants should read the following carefully: This questionnaire should be completed by you as fully as possible, All questions must be answered. If you run out of space please use a follow up sheet, All information will be treated as medically confidential

WARNING: In completing the questionnaire, you are responsible for the accuracy of your statements. If information is withheld, suppressed, deliberately misleading or false, you maybe liable, if employed to dismissal.

NOTE: A disability or health problem will not in itself preclude full consideration for the job applied for, and applications from people with disabilities are welcome.

GP DETAILS

GP's Name

Address

Post Code

Telephone

	YES	ON	COMMENT (If YES, you must include details. If date unknown, please estimate)
Is there any aspect of your health which may restrict your ability to work as a nurse?			
Are you currently taking any medicines, tablets, special diets or injections?			
Is there any aspect of your medical history about which an employer would need to know?			
Do you have any impairments of vision, hearing or speech which might affect your ability to work as a nurse?			
Have you ever suffered from any mental illness/depression or nervous breakdown?			
Are you attending hospital for any treatment, or are you on a waiting list for such treatments?			

Have you ever had any disorders from or received treatment for any of the following?

Alcohol/Drugs			
Allergies			
Blood Disorders			
Bone or joints (including back pain, upper limb, neck pain & arthritis)			
Cardiovascular system (including hypertension)			
Endocrine (including diabetic and thyroid)			
Gastro-intestinal system (including hepatitis)			
Genito-urinary system (including hernia)			
Immuno-deficiency system			
Neurological system			
Psychiatric and psychological conditions			
Respiratory system (including asthmatic)			
Skin Symptoms (including reactio to gloves/glove powder)			
Stress			

Please enter any additional information



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AIDS/HIV INFECTED HEALTH CARE WORKERS			
I confirm that I am aware of and have read the Department of health's guidelines on AIDS/HIV infected health care workers issued April 1993 and the GMC's booklet Serious Communicable Diseases - October 1997 and agree to abide by these guidelines			
MRSA			
Have you had contact with MRSA?			
If yes, date of swab			
IMMUNISATION HISTORY			
	YES	NO	DATE (If unknown, please estimate)
Have you had any of the following Illnesses/Diseases?			
Rubella (German Measles)			
Varicella (Chicken Pox)			
Measles			
Do you have a visible BCG scar of at least 4mm diameter?			
Have you had at least 2 Tetanus boosters since age 12?			
Have you had a TB test?			
Heaf			Stated Result:
Written evidence to support the stated result			
Mantoux			Stated Result:
Written evidence to support the stated result			
Have you ever had any of the following Immunisations?			
Rubella (German Measles)			
Varicella (Chicken Pox)			
MMR (Mumps, Measles, Rubella)			
Diphtheria			
Poliomyelitis			
Tetanus			
Hepatitis B			
Dates of primary course of Hepatitis B Vaccine			
Post-course titre levels			
Dates of all subsequent booster doses			
Health and Safety			
Have you completed a course in cardiopulmonary Resuscitation?			
Have you completed a course in Advanced Cardiopulmonary Resuscitation?			
Have you completed a course in Control and Restraint Techniques?			
Miscellaneous			
How many days have you been away from work or unable to follow your normal activities because of illness or injury in the last 2 years?			



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Please give reasons for and the length of each period of incapacity that exceeds three working days

Have you ever had to resign from any previous job for medical reasons?

If Yes, please explain

Lifestyle History

Smoking

Are you a smoker?

If you are an ex-smoker, when did you give up?

Date:

If you are a smoker, what do you smoke (cigarettes/pipes etc)

How many cigarettes do you smoke a day?

Number:

Drinking

How many units of alcohol do you drink each week? (1 unit = half a pint of beer or cider; a single measure of spirits; a small glass of wine)

No. of units:

Has your drinking habit differed significantly in the past?

To the best of my knowledge, this is an accurate statement of my health. I understand that medical information that is knowingly withheld, suppressed, or deliberately misleading or false may make me liable, if subsequently employed, to dismissal. I am also aware that if my Health changes/deteriorates in any way whilst engaged through Harley Street Nurses or between assignments, I am required to notify you immediately

SIGNED

DATE