Pre Employment Screening Form



Please complete in full and return to the address provided. The contents of this form will remain confidential to the Occupational Health Department and will not be disclosed to anyone else without your consent.

		Date You Completed This Form						
1. Post Appl	ied for.							
School, College University	e or							
Job Title				Start Date				
Hours per. Week				Post Number				
Recruiting Manager				Recruitment & HR Admin Co.				
2. Personal I	Details.							
Surname				Dr/Mr/Miss/Mrs				
Forenames			D	ate of Birth				
Home Address			T	Telephone				
			М	obile				
Postcode Email								
3. Past work Please list your p Continue on a se	revious jo	bs together with	h informatio	on about any speci .)	al haza	ards.		
From		То		Job Description		Hazard		
How many days years?	of sickne	ess absence fror	m work or s	tudy have you had	in the	last 2		
Details.								
What is your he	eiaht?			What is your w	eiaht?	>		

Management referral to Occupational Health Service



4. Medical History.

Please answer the following questions fully, using the additional space at the end if necessary.	Yes	No	Details
Do you need any special aids or adaptations to help you at work?			
Do you suffer from any condition that requires medication? Please list all medication.			
Do you have any allergies?			
Have you ever suffered with:			
Epilepsy, dizziness or blackouts?			
Skin disease e.g. eczema, dermatitis or skin allergies?			
Chest disease, e.g. bronchitis, asthma?			
Back deformity, injury or back pain?			
Problems with your hands, arms, legs or feet, which affect mobility?			
Sensory problems including deafness, visual problems or colour blindness?			
Psychological problems e.g. depression, anxiety, alcohol or drug dependency?			
Ad	ditiona	al Info	rmation
declare that the foregoing statements belief. I am aware that any false statem			nplete to the best of my knowledge and ny application and future employment.
Signature		D	ate
Signature Please email the completed document password pr		D	ate

Alternatively post to Total Health Works, Kemp House, 160 City Road, London EC1V 2NX

Got a question? Please call on 01225 471449

