



www.drivevauxhall.co.uk

MEDICAL QUESTIONNAIRE PRIVATE & CONFIDENTIAL

Please complete the following questionnaire. The information is required with your interests in mind.

If you wish, additional information should be provided on a separate piece of paper with your name, date of birth, and "private and confidential" clearly marked on each sheet.

Have you ever	No	Yes	Details
1. Had an operation			
2. Been seriously injured			
3. Been admitted to hospital			
4. Been refused or dismissed from employment for health reasons			
5. Received a disability pension			
6. Been registered disabled			
7. Become ill as a result of work activities			
8. Been refused a driving licence on health grounds			

Do you suffer from or have you ever had

	Yes	No
Diabetes		
High blood pressure		
Asthma (not childhood)		
Cough (frequent)		
Rheumatic fever		
Skin rashes/eczema		
Anaemia		
Headache (frequent)		
Heart trouble		
Eye/eye sight trouble		

	Yes	No
Swelling of legs/ankles		
Period or prostate problems		
Varicose veins		
Rupture		
Back trouble		
Arthritis		
Epilepsy		
Shortness of breath		
Fainting or dizziness		
Ear/hearing trouble		

To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed I may be required to submit to a medical examination and maybe subject to ongoing health surveillance.

SIGNED..... **DATE**.....

Further information is available from the Group Health Safety & Environment co-ordinator at Head Office