

Film Floor Ltd

In association with The Structure Group of Companies Ltd



CONFIDENTIAL MEDICAL QUESTIONNAIRE

NAME:

DATE OF BIRTH:

Have you at any time suffered with or are still suffering from any of the following:	YES	NO
Fits, fainting, epilepsy, giddiness, bouts of unconsciousness / blackouts		
High blood pressure, angina, heart attack, heart disease		
Short of breath, ankle swelling, palpitations		
Asthma, pneumonia, bronchitis, chest disorder or illness		
Kidney or bladder problems, cystitis, gastric / stomach problems		
Skin disorder, such as dermatitis, eczema		
Varicose veins, thrombosis, phlebitis, or other circulatory problems		
Rheumatism, rheumatic fever, arthritis or other joint issues		
Diabetes, gland or thyroid problems		
Migraine or frequent headaches		
Typhoid or food poisoning		
Jaundice or hepatitis		
Tuberculosis (other family members)		
Have you ever failed a medical		
Have you ever been a hospital in-patient (excluding pregnancy)		
Do you wear a hearing aid		
Have you ever failed an eye test and been prescribed glasses or contact lenses		
Have you ever been treated for stress, depression, nervous disorders or mental illness		
Have you ever suffered with back, neck or upper limb disorders		
Have you ever suffered with lower limb problems including fractures		
Have you ever been treated for drug or alcohol dependency		
Are you registered or have you been registered disabled		
Have you ever received payment for industrial or work-related injury, disease etc.		
Are you at present seeking payment or waiting an award		
Are you receiving disability payments or compensation		
Have you been absent from work, training or education for more than 2 weeks		
Have you ever been continually exposed to high noise levels		
Have you ever been exposed to dust or fumes in previous employment		

If you have answered YES to any of the above please provide further information:

This medical questionnaire is designed to ensure that you are physically and mentally suitable to do the work for which you will be assigned and that you will not be either putting yourself or others at risk. You the 'employee' have a responsibility to make sure that your employer, TSG or Film Floor is in possession of the most up to date information regarding matters relating to your health. Please ensure that you have completed ALL of the above questions. Should you require assistance or you do not understand any question, please raise the matter immediately.

All details disclosed will remain strictly confidential.

Signature:

Date:

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Name (Printed):

Place of Birth:

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