

# I. J. PREECE & SON LTD

Unit 8, Wormbridge Court Business Centre, Wormbridge, Herefordshire, HR2 9DH

Tel: (01981) 250 537 Email: mail@ijpltd.co.uk www.ijpreeceandson.co.uk

*Building Conservation, Restoration & General Building Contractors*

## After Appointment Medical Questionnaire Form

### PRIVATE AND CONFIDENTIAL

Name

and

Address:

.....

1	Please state whether you are suffering or have ever suffered from or had any symptoms of the following complaints:	Yes	No	If yes, please give full details of dates and level of treatment
A	Bronchitis Asthma Persistent cough TB Pleurisy Infection of the lungs or throat?			
B	Rheumatism Arthritis Gout Rheumatic fever?			
C	Blood Pressure Palpitations Shortness of breath Chest pains Infection of the heart?			
D	Fits Fainting Blackouts Any disease of the nervous system?			
E	Chronic or persistent indigestion Gastric or duodenal ulcer Any other infection of the abdominal organs?			
F	Any infection of the liver Prostate Kidneys Urinary system Reproductive system?			
H	Enlarged glands Tumours?			
I	Mental breakdown Anxiety Depression?			
J	Diabetes Thyroid disease Any other glandular disturbance?			
K	Any accident Physical defect Disc or back trouble Hernia?			
L	HIV or an HIV-related virus?			
M	Any illness or condition not already mentioned?			

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2	Do you or have you suffered from dermatitis Skin allergies Other skin diseases (eczema, psoriasis, etc.)?			
3	Have you ever had a surgical operation Any other medical investigations?			
4	Are you allergic to any drugs Specific substances?			
5	Approximately how many days absence have you had from work, school or university for health reasons during the last 5 years?	____ Days		
5a	Please give details of periods of absence due to sickness of five days or more.			
6	Are you currently receiving any medical treatment or taking any medication?			
7	Have you ever been refused employment because of your health?			
8	Have you ever sustained an industrial injury? If yes please give details			

## Please read carefully before signing:

I declare the above answers to be true and correct in every respect.

I give the company permission to contact my doctor or specialist for further and better particulars of my medical records should the company so decide. I understand that the report will be treated in confidence.

I am prepared to undergo a medical examination at the Company's request if this is required.

I understand and accept that if any information given by me in this application is incorrect or untrue, then the Company reserves the right to immediately terminate my employment with them.

Signed: ..... Date: ..... / ..... / .....

Doctor's Name and Address: .....

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