



CONFIDENTIAL

Staff Health Questionnaire

Play Service

Title: Mr Mrs Miss Ms Other (please specify) _____

First Name: _____ **Surname:** _____

Your current state of health

Please give contact details of your doctor's surgery and any hospitals you attend:

Are you currently taking any medication or having any other treatment from a doctor, hospital or other medical practitioner? Yes No

If you have answered 'yes' please provide details of treatment and reasons for any prescribed medication:

Do you suffer from any medical conditions which significantly affect your:

If yes please give details

Ability to lift? No Yes _____

Sight? No Yes _____

Hearing? No Yes _____

Ability to walk? No Yes _____

Ability to bend? No Yes _____

Ability to climb stairs? No Yes _____

Stamina? No Yes _____

Are you suffering from or have you ever suffered from any of the following? Please indicate with an (*) any conditions that are still current.

- (a) Depression, anxiety, stress-related illness or other mental Health problems including self-harm and eating disorders No Yes
- (b) Blackouts, fits, epilepsy or faints No Yes
- (c) Heart problems No Yes
- (d) Diabetes No Yes
- (e) Breathing difficulties such as asthma No Yes
- (f) Problems with back, neck, arms, legs or joints No Yes
- (g) Alcohol or drug dependency or misuse No Yes

If you answered 'yes' to any of the above conditions, please provide details of any date(s) you received treatment and the length of time you were on sick leave.

Date	Treatment	Time on sick leave
(a)		
(b)		
(c)		
(d)		
(e)		
(f)		
(g)		

Notes Box:

Consent:

I give my permission for the above details to be stored on the premises at all times and I understand that the information is confidential and will only be available for emergency use or when requested by an Ofsted inspector.

Signed _____ Date _____

Whilst every effort has been made to ensure the accuracy of the information provided, The Out of School Development Team cannot accept responsibility or liability for any errors which may have occurred. This form has been created as an **example only**.

Reviewed: 05.05.09