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| **Pre-employment Health Screening Questionnaire** |

St John the Baptist Catholic Multi Academy Trust wishes to ensure that you do not have any ill health or disability which might make the proposed work difficult or unsafe to yourself or others. The Trust is an Equal Opportunities Employer and will consider any reasonable adjustments to the proposed work or workplace that may be appropriate.

Please complete the details below and sign the declaration. You are not required to reveal any confidential medical information, just a ‘yes’ or ‘no’ response. The information will be considered by the recruiting officer. If ‘yes’ is ticked, you will be required to complete an on-line electronic full

Pre-Employment Health Assessment Questionnaire provide by our Occupational Health providers, Heales. In these circumstances, Heales will e-mail or write to you directly on how to access and complete the on-line questionnaire.

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| **Pre-screening Questions (to be completed by applicant)** |  |  |
|  | **YES** | **NO** |
| 1. Do you need any special aids or adaptions to the workplace to assist you to work? |  |  |
| 1. Do you have any medical problem, medication requirements or disability that affects your ability to undertake your work effectively or to achieve an acceptable level of attendance at work? |  |  |
| 1. Are you having, or waiting for, treatment or investigations for any medical condition at present? |  |  |
| 1. Have you ever had any health problems which may have been caused or made worse by work? |  |  |
| 1. Do you, or have you, ever had a problem with the misuse of alcohol or drugs? |  |  |
| 1. Have you had more than 14 day’s absence from work, related to health, within the last 2 years? |  |  |
| 1. Do you have any medical problem or disability which you would like to discuss with our Occupational Health provider? |  |  |

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| **Section 4 – Declaration (to be completed by applicant)** |
| **I declare that all foregoing answers are true to the best of my knowledge. I accept that in the event of my being employed and it is subsequently shown that medical information has not been disclosed by me, or has been misleading or false, that I become liable to disciplinary proceedings which may cause my dismissal.** |
| **Employee Signature** |
| **PRINT NAME: DATE:** |