

HINSTOCK MANOR RESIDENTIAL HOME LIMITED
MEDICAL QUESTIONNAIRE

CONFIDENTIAL

Name:

Date of Birth: Job Title:

Please complete this questionnaire. As a result of the information you give, you may be referred to a Doctor appointed by Hinstock Manor so that a medical Examination can be carried out.

Have you ever:-

Details

Had an Operation Yes/No

Had a Back Injury Yes/No

Had a Neck Injury Yes/No

Been seriously injured Yes/No

Received inpatient treatment for a physical/mental condition Yes/No

Been refused or dismissed from employment for health reasons Yes/No

Been Registered Disabled Yes/No Card No: and Expiry Date

Been made ill by your work Yes/No

Been refused a Drivers Licence because of ill health Yes/No

Have you suffered from or ever had:

Heart trouble Yes/No Eye trouble Yes/No
Skin Disease Yes/No Stomach trouble Yes/No
Lung trouble Yes/No Ear trouble Yes/No

Do you:-

Take medicine regularly Yes/No
Need glasses to read Yes/No
Suffer from any other ailments Yes/No

If Yes, please give details:

To the best of my knowledge and belief, the information I have given is correct. I understand that if I am appointed and the information I have provided is incorrect, I will be liable to dismissal.

SIGNED.....