

CONFIDENTIAL EMPLOYMENT HEALTH QUESTIONNAIRE

If you require this form in larger print please contact:
occupationalhealthandsafety@uel.ac.uk

Notes: (a) **All applicants are required to complete parts 1 and 2**, and part 3 where applicable, and read and sign the statement at the end. This form should then be sealed in the envelope provided and returned within 48 hours of receipt, when it will be reviewed by Occupational Health in order to assess your fitness to undertake the role you have been offered and to consider possible adjustments to the job or workplace. Please be assured that all the information provided in this questionnaire will be treated in utmost confidence and will only be accessible to Occupational Health and, if required, our external Occupational Health Physician. Information provided to the Line Manager and HR will be in the form of guidance and will not include any medical information.

An electronic copy of the form is available from the following link:

<http://www.uel.ac.uk/wwwmedia/microsites/hrservices/documents/hs/Employee-Health-Questionnaire.doc>

To speed up the process you may wish to send a copy to our confidential e-mail address occupationalhealthandsafety@uel.ac.uk but we request you send the signed copy by post as well.

We take our obligations under the Equality Act 2010 very seriously and would like to reassure you that disclosure of a disability will not itself prevent you from taking up your prospective position at UEL. We reserve the right, in accordance with the Equality Act, to withdraw an offer of a job where it is not possible for UEL to make reasonable adjustments to its premises/working practices to accommodate your needs.

(b) **You are advised not to give notice to your present employer until you have received written confirmation of your medical clearance from UEL.**

PART 1 Personal Details

Title: Dr/Prof/Mr/Mrs/Miss/Ms _____ Date of birth: _____

First name: _____ Last name: _____

Address: _____

Tel: (Home) _____ Tel: (Work): _____

Tel: (Mobile) _____ Email address: _____

Preferred method of contact? _____

Post offered: _____ Part-time/Full time: _____

School/Service: _____ Campus: _____

Current appointment (or most recent): _____

PART 2 MEDICAL HISTORY

1. Do you consider yourself to have a disability under the Equality Act 2010?

According to the Act a disabled person is someone who:

- has a Physical or Mental Impairment;
- the impairment has potential for a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Physical impairments include Cancer, HIV, Multiple Sclerosis, and may include conditions such as Diabetes, Epilepsy or heart disease.

Sensory impairments such as blindness, partial sight or hearing loss are also included.

Mental impairments include conditions such as Dyslexia; Long-term Mental Health conditions such as depression, Bi-Polar Disorder, Schizophrenia; and learning disabilities.

If 'yes', please also let us know whether you consider there are any reasonable adjustments that could be made to the post at UEL or to UEL to assist you in respect of your condition.

2. Is there anything else in your medical history or circumstances which might affect UEL's decision to employ you or which should otherwise be taken into account? If yes, please give details.
3. How much absence (weeks/days) have you had from work through sickness or injury in the past five years? Please give details.

PART 3 HIGH-RISK OCCUPATIONS

If the post at UEL involves driving, manual handling, working at heights or with chemicals and machinery please answer the following questions:

4. Do you suffer from any health conditions, such as mental health conditions, back conditions, high blood pressure or recurring minor conditions, which may interfere with your ability to carry out your role? If yes, please give details.
5. How much alcohol do you drink per day/week?
6. Have you ever or do you use illegal drugs?
7. Are you at present taking any medication prescribed by your doctor or undergoing any investigations or treatment? If yes, please give details.

Statement by Applicant

I declare that the above statements made by me are, to the best of my knowledge, true and complete. I understand that false information could lead to termination of my employment at UEL and may prejudice my existing pension benefits.

Signature: _____ Date: _____
