

Full Name	
NI Number	

MEDICAL QUESTIONNAIRE

Alertness and reasonable physical fitness are essential for duties which may interact with moving trains. It is, therefore, important to be accurate with your answers to this questionnaire, although trivial matters should not be included. When you declare NO, you are accepting a degree of responsibility for your safety. It is your responsibility to keep Installation Technology updated on any change in your medical circumstances. Please contact us immediately if your medical circumstances do change.

Please study the list and sign the declaration at the bottom.

1	Do You have diabetes needing insulin?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do You suffer from epilepsy or fits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you ever had black outs, recurrent dizziness or any condition, which may cause sudden collapse or incapacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Do you get discomfort or pain in the chest or shortness of breath on exercise, eg climbing a single flight of stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you have any difficulty in moving rapidly over short distances, including on slopes, steps or rough ground?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Would you have difficulty looking over either shoulder?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Would you have difficulty working in a 'out door' open area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Would you have difficulty working in enclosed spaces?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Would you have difficulty working above head height (e.g. using ladders or maintenance platforms)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Do you have difficulty with your eyesight?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	If "yes to 10, do you wear glasses or contact lenses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Do you have difficulty in correctly identifying colours?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Do you have any difficulty with your hearing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Are you taking any medication that gives you dizziness or drowsiness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Have you used, or abused, drugs within the last 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Have you had any alcohol –related illness during the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Have you every suffered back injury or hand arm vibration syndrome?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Have you had any stress related illness in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	If you have an existing railway medical has there been any change in your medical condition since its issue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Have you been refused or dismissed from employment for health reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21	Do you suffer from any other injury, illness, medical condition or allergy that might affect your ability to perform your duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>



If you've answered yes to any of the questions 1-21, add additional information below (ensure you enter number)

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How many days' absence have you had from work in the last three years?	Number of periods of absence:	
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Data Protection Notice

The Company requires certain information before you start employment, to ensure you will be able to perform the requirements of the job and give reliable service, and to ensure compliance with relevant Health and Safety regulations. The information is also required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Equality Act 2010.

The information you provide will be treated in the strictest confidence and used only for the purposes detailed above in compliance with the Data Protection Act 2018 (GDPR).

Declaration

I confirm that the information given in this Questionnaire is complete and accurate to the best of my knowledge.

Signed:

Name (PRINTED):

Date: