

Surname Name:		First Name:			
Driving License number		Age:		Gender:	
Nationality:		Date of Birth:	Day	Month	Year
Job Title					
Home Address:		Postcode:			
		Safety Sensitive Role?	Yes/ No		
GP Name and Address		Emergency Response Role	Yes/ No		

Please answer the following questions clearly and honestly. If unsure as the doctor for advice.

Have you ever had:	No	Yes	Additional information/ details
Been exposed to any known occupational hazard such as noise, radiation, dusts, asbestos, chemicals or lead?			
Developed any medical condition in connection with your occupation? E.g. hearing loss/ dermatitis/ wheeze/ backache/ muscle strain/ blood disease?			
Suffered an industrial injury?			
Do you use protective clothing, safety glasses or hearing protection for work?			
Ever had an audiometric screening? When, where and why?			
Ever had a previous lung function test? When, where and why?			
Ever been rejected for employment on medical grounds?			
Ever received compensation or is there an industrial claim pending?			
Ever been medevaced from an offshore installation?			
Frequent or severe headaches / migraines			
Head injury or Concussion			
Dizziness, Faints or Blackouts			
Fits, Convulsions or Epilepsy			
Depression			
Anxiety			
Bipolar			
Any other mental illness			
<i>Asthma</i>			
<i>Emphysema</i>			
<i>Tuberculosis (TB)</i>			
<i>Bronchitis</i>			
<i>Pneumothorax</i>			
<i>Any other lung complaint</i>			
<i>Previous Heart Attack</i>			
<i>Angina</i>			
<i>Pacemaker</i>			
<i>Exercise ECG (Treadmill test)</i>			
<i>Stroke, Mini stroke, TIA, CVA</i>			
<i>High blood pressure</i>			
<i>Low blood pressure</i>			
<i>Any other heart complaints of any kind</i>			
<i>Kidney or bladder diseases e.g. stones</i>			
<i>Prostate problems</i>			
<i>Urine problems e.g. frequency or urgency</i>			
<i>Blood in the urine</i>			
<i>Diabetes- Diet controlled</i>			
<i>Diabetes- Tablet controlled</i>			
<i>Diabetes- Insulin controlled</i>			
<i>Thyroid disease</i>			
<i>Other Endocrine / Hormone problems</i>			

Have you ever been or had	No	Yes	Additional information/ details
Diagnosed with sleep apnoea or sleep disordered breathing			
Hearing problems			
Diagnosed Hearing Loss			
Need hearing aids			
Perforated ear drum or ear discharge			
Problems with digestion			
Stomach ulcers			
Jaundice			
Liver problems			
<i>Gallstones</i>			
<i>Pancreatitis</i>			
Persistent Diarrhoea			
Blood in the stools			
Haemorrhoids			
Joint problems			
Joint replacements			
Limb prosthesis			
Muscle problems			
Hernias			
Back trouble / pain e.g. Lumbago, Sciatica or Slipped disc			
Do you have pain if you sit for long periods?			
Any Rheumatology problems			
Any problems with co-ordination			
<i>Growths, tumours or malignancies</i>			
Skin problems e.g. eczema/ psoriasis			
<i>Dermatitis</i>			
HIV			
<i>AIDS</i>			
Hepatitis B			
<i>Allergy requiring hospital admissions or the use of Epipens</i>			
Any illness not mentioned above			
Any hospital admissions overnight ever from the time of your birth?			
Sustained any serious injury, e.g. fracture or dislocation, resulting in ongoing problems			
Do you have any learning disabilities e.g. Dyslexia			
Do you have any Disabilities			
Do you have or have you ever been told you have reduced colour vision or colour blindness			
Do you wear varifocals for near and distant vision			
Do you have vision in one eye only			
Do you have issues with night time vision			
Do you take Warfarin			
Do you take sleep medications			
Do you take immunosuppressants			
Do you take any other prescribed medications			
Do you take any over the counter medications			
Do you take supplements or vitamins			
Do you take herbal medications			
Have you ever smoked- when did you quit			
Do you currently smoke, even occasionally			
Do you consume any alcohol			
How many units on average per week do you consume (1 pint =2 units, 1 small wine=1 unit, 1 small shot =1 unit)			
Do you have or has anyone suspected you have Alcoholism or Alcohol Misuse Disorder			
Do you have or has anyone suspected you have a Drug Addiction or Drug Misuse Disorder			
Have you ever been charged with an offence relating to drugs or alcohol?			
Do you exercise out side work			