30+ POLICE RETENTION SCHEME

MEDICAL QUESTIONNARIE

Devon & Cornwall Constabulary

Please complete ALL sections and forward to the Occupational Health Support Unit, Headquarters, Middlemoor, Exeter marked **MEDICAL IN CONFIDENCE**.

YOUR DETAILS	
Rank: **Force Number:** **Last Name:** **Forename(s):** **BCU or Department** **Date of Birth:** **Address:** **Contact Number(s):** **Home:** **Work:** **Mobile:**	

MEDICAL CONDITIONS			
	Please indicate if you have, or have ever had any of the following medical conditions:	YES 4	NO 4
1.	Epilepsy, fits, blackouts, fainting turns or unexplained loss of consciousness?	☐	☐
2.	Head injuries leading to loss of consciousness requiring hospital admission?	☐	☐
3.	Recurrent headache or migraine?	☐	☐
4.	Diseases of the nervous system eg neuritis, stroke, multiple sclerosis?	☐	☐
5.	Injury or surgery to your eye(s) including laser eye surgery or any other type of refractive surgery? ?	☐	☐
6.	Any visual defect eg scotoma, blindness in one eye, night blindness, colour blindness, reduced visual field, blurred vision or detached retina?	☐	☐
7.	Any eye disease or conditions such as glaucoma or retinitis pigmentosa?	☐	☐
8.	Ear infection, discharge, tinnitus, a hearing defect including deafness?	☐	☐
9.	Vertigo, dizziness, giddiness, problems with balance?	☐	☐
10.	Chest pain, angina, heart disease or breathlessness?	☐	☐
11.	Varicose veins or circulation problems?	☐	☐
12.	Rheumatic fever?	☐	☐
13.	Raised or low blood pressure?	☐	☐
14.	Any blood disorder?	☐	☐
15.	Asthma, bronchitis, emphysema, pleurisy, pneumonia or any other lung disease including TB or pheumothorax ?	☐	☐
16.	Recurrent nausea, dyspepsia, heartburn, indigestion or hiatus hernia?	☐	☐
17.	Gastric, duodenal or peptic ulcer?	☐	☐
18.	Inflammation of the bowel including Crohn's Disease, ulcerative colitis, bleeding from rectum or diarrhoea lasting more than one week?	☐	☐
19.	Irritable bowel syndrome?	☐	☐
20.	Jaundice or any form of hepatitis or other liver problem?	☐	☐
21.	Any other abdominal complaint including hernia?	☐	☐
22.	Kidney stones?	☐	☐
23.	Blood in urine?	☐	☐
24.	Any other kidney or bladder conditions?	☐	☐
25.	Any problems with bones or joints including back, neck, knee, sciatica, any fracture, or recurrent dislocation of a major joint?	☐	☐
26.	Have you ever consulted an orthopaedic surgeon, chiropractor, osteopath or physiotherapist?	☐	☐
27.	Have you been diagnosed as having arthritis, gout, chrondromaicia patellae or rheumatism?	☐	☐
28.	Psoriasis, eczema, allergic skin rash or other skin disease?	☐	☐
29.	Any metabolic disorder including diabetes, thyroid and adrenal gland disease or other glandular disorder?	☐	☐
30.	Any disorders of reproductive organs including gynaecological, testicular or breast problems?	☐	☐
31.	Any infectious diseases (apart from childhood illnesses) including sexually transmitted disease or tropical disease?	☐	☐
32.	Anxiety/depression, phobias, mental breakdown or stress related problems?	☐	☐
33.	Any other mental illness?	☐	☐
34.	Any eating disorder eg anorexia nervosa or bulimia?	☐	☐
35.	Substance misuse (eg drugs, steriods)?	☐	☐
36.	Any allergies including hay fever?	☐	☐
37.	Any operations or surgical procedures?	☐	☐
38.	Any malignancy or cancer?	☐	☐
39.	Any unexplained weight loss in past year?	☐	☐
40.	Current treatment. Are you currently attending a hospital/GP for treatment or waiting for an appointment?	☐	☐
41.	Current prescribed medication including tablets, capsules, injections, inhalers and creams (excluding birth control)?	☐	☐

MEDICAL CONDITIONS			
	Please indicate if you have, or have ever had any of the following medical conditions:	YES 4	NO 4
If you have ticked 'Yes' to any of the above, please give details in the space provided below. This will help the Occupational Health Support Unit to clarify the significance or otherwise of a 'Yes' answer. Please ensure that you quote the correct medical condition number.			

Medical Condition Number	Details

Family History
Is there a family history of a congenital condition (eg heart disease, strokes, nervous or mental disease? If Yes, please give details and relationship.

Height (metres):	**Weight (Kilos):**

Alcohol History:

How many units of alcohol on average do you consume over a seven day period?
(1 unit = 1 glass of wine = 1 measure of spirits = half a pint of beer)

Units:

Have you been immunised against the following?

Tetanus		Yes	☐	No	☐	Year
Polio		Yes	☐	No	☐	Year
BCG (Tuberculosis)		Yes	☐	No	☐	Year
Diphtheria		Yes	☐	No	☐	Year
Hepatitis B	1st	Yes	☐	No	☐	Year
	2nd	Yes	☐	No	☐	Year
	3rd	Yes	☐	No	☐	Year

Has your blood test confirmed immunity to Hepatitis B?

Yes ☐ No ☐ Year

How many days have you been absent from work in the last three years due to Sickness? Please indicate reason(s):

The Disability Discrimination Act 1995 defines a person with a disability as:

"A person with 'a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities"

Do you have a disability which may affect your ability to undertake the role of a police officer or which requires special arrangements? **Yes** ☐ **No** ☐

If **yes,** what facilities / adjustments / equipment might enable you to perform the role?

Declaration

I declare that the information provided on this document is accurate to the best of my belief. I consent to this information being stored with my medical history questionnaire and held on a computer or manual filing system, in accordance with the confidentiality requirements of the Data Protection Act 1998.

The information I have provided is accurate and I have not withheld any details. I understand that the giving of false information or withholding information could subsequently result in my dismissal.

I consent to this data being held by the Occupational Health Support Unit of Devon and Cornwall Constabulary on a computer or manual filing system, in accordance with the confidentiality requirements of the Data Protection Act 1998.

Signature of Applicant: Date:

OHSU Use: The officer is fit to carry on in his/her current role subject to annual medical assessment. Yes ☐ No ☐

Signed: Date:

OHSU to inform relevant Personnel Manager of the result of the medical assessment