

Please note that this form should not be issued to the candidate until a conditional job offer is made

Section 1: To be completed by recruiting HR prior to issuing form for completion to candidate.
(Please **PRINT** all details)

Name of Manager:	
Candidates surname: Mr/Mrs/Ms/Miss/Title:	Forename(s):
Previous name(s) (if applicable):	Date of birth:
Home address:	Directorate: Proposed place of work: Job title: Hours of work:
Home Tel no:	Proposed start date:
Mobile Tel no:	Email address:

Section 2: - Job & Task Analysis to be completed by HR for ratification by the line manager.
Please tick any of the boxes relevant to the normal duties of the proposed role:

Moving and handling		Working with hazardous substances	
Working at heights		Working with vibratory tools	
Working in confined spaces		Working in a noisy environment	
Working with display screen equipment for most or part of day		Preparing/handling of food	
Driving duties eg: FLT, LGV/PCV vehicles		Working Shifts / Nights	

Section 3: - To be completed by candidate - Work related health history

There is a general legal duty to ensure that as an employer the Council does not put any prospective or existing employee's health at risk and to make any reasonable adjustments relevant to the post. The information is used to:

- assess the candidate's medical capability to do the job for which they have applied
- determine whether any reasonable adjustments or auxiliary aids may be required to accommodate any disability or impairment which a candidate has declared
- ensure that none of the duties of the job will adversely affect any pre-existing health condition(s) the candidate has declared.

If you answer 'yes' to any of the questions below, this document will be passed to the Occupational Health Team. You will be contacted by one of the Occupational Health Team, and your answers will be held in **strictest confidence** and retained by the Occupational Health Team, in accordance with the provisions of the Data Protection Act 1998. No medical details will be released to a third party without your informed consent.

	Please circle	
	YES	NO
1. Have you had a medical condition, either physical or mental, in the last 5 years, including any current ones? Please list and give as much detail as possible (continue on a separate sheet if necessary):		
.....		
.....		

	Please circle	
	YES	NO
2. Are you currently taking any prescribed medication or have you taken any prescribed medication in the last 5 years? Please list and give details (continue on a separate sheet if necessary):		
3. Is there any factor in your current health status or medical history which may affect your ability to give regular and effective service in the role for which you have applied? Please list and give details (continue on a separate sheet if necessary):		
4. Have you ever had any health problems which you believe may have been caused or made worse by work? Please list and give details (continue on a separate sheet if necessary):		
5. Do you need any special aids/adaptations to assist you at work, whether or not you have a disability? Please list and give details (continue on a separate sheet if necessary):		
6. Have you ever been denied, left or retired from a job for health reasons? Please list and give details (continue on a separate sheet if necessary):		
7. Do you have / have you had a medical condition either physical or mental (or a condition that would affect your ability to learn/write or understand eg dyslexia) that may affect your ability to perform the proposed job? Please list and give details (continue on a separate sheet if necessary):		

Please can you provide details of the number of days of absence from work over the last two years including the number of occasions and reasons for absence (continue on a separate sheet if necessary)

Section 4: Declaration by Candidate

I declare that all the information given above is true and correct to the best of my knowledge. I understand that if I knowingly withhold or give inaccurate information, this may constitute grounds for termination of employment. I acknowledge and understand that I may be expected to attend for an Occupational Health assessment if required.

Name:(Print)

Signature: Date:

FOR OFFICE USE ONLY

Comments:

This is to confirm that the person named above is fit to commence duty.

Name: (Print)

Signature: Date: