

ABBOTSHOLME

AN EDUCATION FOR LIFE

Health Questionnaire

STRICTLY CONFIDENTIAL

The School is legally required to verify that all staff are physically and mentally fit for the role they carry out. You are therefore required to complete this health questionnaire. The questionnaire will then be assessed by the School's medical adviser against the requirements of your role. This information may also be used to help the School discharge its obligations towards you as your employer e.g. to ensure that your work environment is safe or so that we may consider making reasonable adjustments if necessary.

This questionnaire should be completed as fully as possible. Failure to fully complete this questionnaire may result in the School not being able to proceed with your appointment. A failure to disclose relevant information or the provision of false information may result in the termination of your employment or the withdrawal of an offer of employment.

The School will process personal information in accordance with its Staff Privacy Notice.

Forename		Title (Dr, Mr, Mrs, Ms)	
Surname		Date of birth	
Address		Name and address of GP	
Position applied for			

Medical History

Please complete the following questions by ticking the appropriate box. If the answer is "yes", give details including (a) date, (b) amount of time lost from work / school (if any), (c) treatment (if any).

Have you ever suffered from any of the following illnesses?

	Yes	No	If yes, please give details
Visual defects / eye conditions (including colour blindness)			

INDEPENDENT BOARDING & DAY SCHOOL FOR BOYS AND GIRLS AGED 2-18

Abbotsholme School Limited, Rocester, Uttoxeter, Staffordshire, ST14 5BS • Headmaster: Mr S Ruscoe-Price

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Registered in England No. 11250194 • Registered Office: Abbotsholme School, Rocester, Uttoxeter, Staffordshire, ST14 5BS

Reviewed by RM, Bursar, on 05/09/2022

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Hearing defects / ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Asthma			
Recurrent backache, arthritis, rheumatism			
Diabetes, thyroid or other gland problems			
Hay fever, allergies to drugs, animals etc			
Any alcohol or drug related problems or illness			
Any other medical condition, physical or mental, not mentioned above which could impact on your ability to carry out the role you have been offered at the School or which you believe the School should otherwise be aware of?			
Present Health Status			
	Yes	No	If yes, please give details
Are you at present taking any medication prescribed by a doctor which could impact on your ability to carry out the role you have been offered at the School or which you believe the School should otherwise be aware of?			
Are you at present receiving any treatment prescribed by a doctor which could impact on your ability to carry out the role you have been offered at the School or which you believe the School should otherwise be aware of?			

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Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Are you otherwise registered as disabled?			
Do you have any other relevant health problems which could impact on your ability to carry out the role you have been offered at the School or which you believe the School should otherwise be aware of?			
Do you feel mentally fit to carry out the role as laid out in the job description?			
Approximately how many days sickness absence have you taken in the past two years?			

Declaration

I declare that, to the best of my knowledge, the information I have provided in answering this questionnaire is correct.

Signature

Date