



# Ferring Funtime Community Pre-school

## Health Questionnaire

### **CONFIDENTIAL**

Position applied for:.....

### **Personal Details**

Surname: .....

First Name: .....

Date of Birth: .....

### **Health**

Is there any condition in your own health that might affect your work? Yes  No

Are you at present receiving any medical treatment/attention which may affect your work? Yes  No

Are you taking any drugs or medicines which may affect your employment? Yes  No

How many days sick have you had in the past year? Yes  No

Do you expect to ask for any leave of absence on medical grounds in the near future? Yes  No

Have you had a chest x-ray in the past two years? Yes  No

If necessary, would you give permission for us to speak to your GP? Yes  No

If the answer is yes to any of the above questions, please give details below



Cont.....

Please supply any other health information which you feel may be relevant to the position applied for:

**Declaration**

I declare that the information in this application is true and correct. I accept that any false information may result in my applications being disqualified and if appointed could lead to instant dismissal.

Signature: ..... Date: .....