



MaisonCare

Medical questionnaire for all staff to complete.

The following questions have been designed to encourage you to disclose information about any disability, health problem or learning difficulty. This is to enable any adjustments to the workplace to be recommended under the Equality Act 2010.

All information that you provide will be handled in the strictest confidence in accordance with our Confidentiality Policy. You must answer questions truthfully and disclose any health information relating to the post you have been offered.

Should an employee/applicant refuse to disclose information relating to any issue of potential disability under the provisions of the Equality Act 2010, we will not be held liable for a failure to make reasonable adjustments or undertake relevant assessments.

Should you fail to disclose information which could adversely affect the health and safety of either yourself or another you may be subject to disciplinary action.

Health Questions

Do you have any illness, impairment, disability (physical or psychological) which may affect your work?

Yes No If yes, please explain.

Have you ever had any illness, impairment or disability which may have been caused or made worse by your work?

Yes No If yes, please explain.

Are you having or waiting for treatment (including medication) or investigations at present?

Yes No If yes, please explain.

Do you need any specific aids or adaptations to assist you at work whether or not you have a disability, including any hearing or visual aids?

Yes No If yes, please explain.

Do you have any allergies which may be made worse by work e.g., latex?

Yes No If yes, please explain.

Are you receiving any treatments or ongoing medication?

Yes No If yes, please explain.

Do you have any allergies e.g., nuts?

Yes No If yes, please explain.

Have you lost time at work/college/school due to illness in the last 2 years?

Yes No If yes, please explain.

Have you ever suffered an injury at work requiring time off from work?

Yes No If yes, please explain.

Were you ever discharged from previous employment on medical grounds?

Yes No If yes, please explain.

Have you had any of the following:

Arthritis / Rheumatism

Yes No If yes, please explain.

Mental Health Problems

Yes No If yes, please explain.

Asthma

Yes No If yes, please explain.

Epilepsy, head injuries, vertigo

Yes No If yes, please explain.

Ear / Eye conditions

Yes No If yes, please explain.

Diabetes

Yes No If yes, please explain.

Skin conditions e.g., Dermatitis, eczema

Yes No If yes, please explain.

Difficulties with walking / bending

Yes No If yes, please explain.

Back injury / problems

Yes No If yes, please explain.

Neck injury / problems

Yes No If yes, please explain.

Heart / Liver or Kidney problems

Yes No If yes, please explain.

Any other health related problems?

Yes No If yes, please explain.

Vaccinations

Have you received the following vaccinations (if dates are known please state):

Covid-19 Dose 1: Yes No Date:

Covid-19 Dose 2: Yes No Date:

Covid-19 Booster: Yes No Date:

Influenza: Yes No Date:

Have you had any of the following:

Investigation for Tuberculosis

Yes No If yes, please explain.

A close family member / friend with whom you share a home diagnosed with TB.

Yes No If yes, please explain.

Have you been diagnosed with COVID? If so, when? Have you had any lasting symptoms and if so, what?

Yes No If yes, please explain.

Have you lived continually in the UK for the last 5 years?

If no, please list all the countries you have lived in for over a month during this time.

Yes No

Please give further information on any YES answers from the above questions.

Declaration

Before signing this declaration, please ensure you have answered all the questions as instructed providing further details as required.

1. I acknowledge that my personal details will be stored both electronically and manually by the HR Department in accordance with the Data Protection Act 2018.
2. If I have any concerns about how this information is handled, I will contact the Home Manager.
3. I declare that the information provided by me in this entire form is true and complete to the best of my knowledge and belief.
4. I understand that if any recommendations are necessary as a result of this new employee health assessment, the Home Manager will discuss the recommendations with me.
5. I give consent to the Home Manager to make recommendations; I do / do not wish to see a written copy of the recommendations (please delete as appropriate).

By submitting this form, you are agreeing to Maison Care Limited Privacy Policy.

Signed:

Print Name:

Date: