ABERDEEN CITY COUNCIL POST-OFFER HEALTH DECLARATION

To be completed after job offer has been received

Every employer has a responsibility under the Health & Safety at Work Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of employees. This not only means ensuring nothing in the workplace may harm their health, but also ensuring there is nothing that might make an existing problem worse.

The purpose of this questionnaire is to determine whether an employee is fit to carry out the work to which they are assigned. It is also to identify those who may have a disability requiring adjustments at work.

All information given in this questionnaire will be treated in the strictest confidence. It will only be used by Iqarus to advise the Company on employability issues.

If it is considered necessary, you may be contacted by telephone to clarify answers or asked to attend Iqarus for a medical consultation or examination.

To be completed by candidate in his or her own handwriting (block capitals please)

Surname	Forename(s)	Gender	Date of Birth	Nationality	NI number

Cluster	Function

Home address and contact telephone number

Name and address of family doctor and telephone no. if known

Company	

Proposed Occupation *Please attached Job Description*	Part time / Full time	Location

Employment History

Please list your present and all previous jobs with dates

(Names of past employers are not required – if extra space is required, please continue overleaf)

Job	From	To

As a result of any occupation either past or present have you: *Please tick as appropriate and explain all 'Yes' answers underneath each question, including approximate dates*	**Yes**	**No**
Been exposed to anything that may have affected your health (e.g. noise, asbestos, dust, radiation, lead, solvents)?	☐	☐
Developed a medical condition caused by a work process (e.g. skin disorder, deafness, strain, breathing disorder, blood disorder)?	☐	☐
Suffered an injury at work as a result of lifting, pulling, carrying, pushing or accident?	☐	☐
	Yes	**No**
Do you consider yourself to be disabled in any way? If yes, please explain below:	☐	☐
Do you have any special needs? If yes, please explain below:	☐	☐

Personal Medical History

Please tick as appropriate. *If 'YES' please give further details underneath each question, including approximate dates If extra space is required, please continue overleaf*	**Yes**	**No**
Have you seen you family doctor or a hospital doctor in the last 12 months concerning an illness or injury?	☐	☐
Have you ever been rejected or discharged on medical grounds from any employment or the Armed Forces?	☐	☐
Are you at present taking any medicines, pills, tablets or injections as prescribed by your doctor? If so, what?	☐	☐
Are you undergoing or awaiting any medical treatment or investigation? If so, what?	☐	☐
Do you take any medication on a regular basis? If so, what?	☐	☐

What is your height?		What is your weight?	

Have you ever had any of the following? *If 'YES' please give further details underneath each question, including approximate dates – if extra space is required please continue overleaf*	**Yes**	**No**
Ear, nose or throat trouble, or respiratory infections	☐	☐
Heart trouble or raised blood pressure	☐	☐
Diseases of the eyes	☐	☐
Kidney or bladder trouble	☐	☐
Enlarged glands or thyroid trouble	☐	☐
Disorder of the stomach or bowel (e.g. ulcers, indigestion or diarrhoea for more than one week)	☐	☐
Skin trouble, allergies or hay fever	☐	☐
Any kind of cancer or tumour	☐	☐
Head injury / concussion or broken bones	☐	☐
Arthritis or joint troubles	☐	☐
Faints, dizziness or loss of consciousness	☐	☐
Diabetes	☐	☐

Have you ever had any of the following? *If 'YES' please give further details underneath each question, including approximate dates – if extra space is required please continue overleaf*	**Yes**	**No**
Fits or epilepsy	☐	☐
Blood disorders	☐	☐
Headaches or migraines	☐	☐
Steroid tablets / inhalers for asthma	☐	☐
Anxiety/depression/stress/emotional problems	☐	☐
Jaundice or gallstones	☐	☐
Problems with your: *(Please specify if these symptoms are aggravated by work)* Back Neck Arms Wrists Fingers	☐	☐
Have you ever suffered from alcohol abuse?	☐	☐
Do you use illegal drugs?	☐	☐
Do you smoke? If YES how many per day?	☐	☐
What is your typical alcohol consumption per week? (1 unit = ½ pint lager, 1 small glass wine, 1 pub measure spirits) (2 units = 1 pint lager)	☐	☐

Have you ever had any of the following? *If 'YES' please give further details underneath each question, including approximate dates – if extra space is required please continue overleaf*	**Yes**	**No**
Any form of drug dependence?	☐	☐
Chest trouble / wheeze (e.g. asthma or bronchitis)	☐	☐
Any other illnesses	☐	☐
Do you suffer from colour blindness?	☐	☐
Females only: Have you ever had any obstetric or gynaecological problems?	☐	☐

How many working days have you lost in the past two years due to sickness? ☐

For what reasons? _____

_____

_____

Do you have any other problems not covered in this questionnaire? *If extra space is required, please continue overleaf*

I certify that the above answers are true to the best of my knowledge. I understand that Iqarus will treat all information in professional confidence but that advice based on it may be given to my employer.

Please circle one of the answers below:

a. I am not aware of any health condition or disability which might impair my ability to undertake effectively the duties of the position I have been offered.

b. I do have a health condition or disability which might affect my work and which might require special adjustments to my work or at my place of work.

Signature: _____ Date _____

Candidate/employee

This information will be held securely by Iqarus Ltd in accordance with the Data Protection Act 2018 and General Data Protection Regulation (EU) 2016.

Data Protection Act 2018 & General Data Protection Regulations (EU) 2016 Information about your health, medical history and any treatment you have received is known as personal sensitive data. We require your informed consent to obtain and

process any health-related data about you. Iqarus will store data in a secure environment and it will only be accessed and processed by those staff that have explicit and reasonable need to do so. The information will be retained in accordance with Iqarus's retention policy and where applicable statutory requirements. Anonymised data may be used by Iqarus or disclosed to others e.g. regulatory bodies such as; OGUK, HSE, MCA purely for the purpose of research or statistical analysis. No individual will be identified in this anonymised research. On occasion named data may be required to be disclosed to Regulatory bodies such as the HSE or MCA. You may request access to your personal data held by Iqarus. For further details of how to do this and for our full Privacy Policy, see our website www.iqarus.com/en/privacy-policy/

For completion by Iqarus

a. Nothing in this Health Questionnaire indicates that the above named has any medical problem which would interfere with their fitness for work.

b. A report from the candidate / employee's General Practitioner or Hospital Consultant is awaited prior to any decision being made on fitness for work.

c. The above named has indicated a medical condition for which we would recommend a formal medical assessment before considering employment.

Signature: _____ Date _____

Occupational Health Physician
or
Occupational Health Nurse / Advisor

Please return form marked 'Private and Confidential' to: