

Surecall Confidential Medical Questionnaire

Full Name _____ D.O.B ____/____/____

House/Flat No _____

Street _____

Postcode _____

Tel No: Home _____ Mobile _____

GP Details

Name: _____

Address: _____

Tel No: _____

Next Of Kin Details

Name: _____

Address: _____

Tel No: _____

Occupational History

Has your Employment ever been terminated on the grounds of ill health? YES/NO
Approximately how many days sickness absence did you have in the last twelve months ____

Medical History

Have you ever suffered from any physical conditions which will affect your ability to undertake heavy lifting or manual labour? YES/NO

If yes, please give details

Do you have a history of, or ever suffered from the following? (Please only tick those that apply)

Heart		Arthritis		Heart Surgery		Pacemaker	
Rheumatic Fever		Kidney Problems		Liver Disease		Chest Problems	
Migraine		Asthma		Diabetes		Anaemia	
Hepatitis		HIV		Epilepsy		High/Low BP	
Mental Breakdown		Head Injuries		Depression		Phobias	
Giddiness		Thyroid		Allergies		Other	

For any that apply please give details below

Are you under the care of a doctor at present? YES/NO

If yes, please give details

Are you currently taking any medication? YES/NO

If yes, please give details

If you are allergic to any drugs please give name of drug/s

Any other important medical information please give all details below

Signature _____

Date ____/____/____