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MEDICAL HISTORY

Please read carefully, and fill in as much details as possible, it may affect your fitness to work. Use black pen and Circle Yes and No, and give details where applicable. This information is confidential and is not disclosed to any other body.

Name _____

Date of Birth _____ Weight _____ Height _____

GP's Name _____
Address _____

Telephone _____
(Including STD Code)

Job Applied for _____

Smoker YES / NO How many per day _____

Have you been vaccinated against?

Hepatitis B	YES / NO
TB (BCG)	YES / NO
Diphtheria, B-Pertussis, Tetanus (DPT)	YES / NO
Yellow Fever	YES / NO
Typhoid Fever	YES / NO
Cholera	YES / NO

Tested for MRSA (Methicillin Resistant Staph aureus) YES / NO
Please give details (if Yes) _____

Skin complaints e.g. Dermatitis, Eczema, Psoriasis YES / NO
Please give details (if Yes) _____

Allergies e.g. Hay Fever YES / NO
Please give details (if Yes) _____

Bowel Infections e.g. Typhoid, Cholera, Dysentery, Irritable Bowel Syndrome YES / NO
Please give details (if Yes) _____

Heart Problems e.g. Angina, High Blood Pressure YES / NO
Please give details (if Yes) _____

Eye Disorders e.g. Glaucoma, Cataracts YES / NO
Please give details (if Yes) _____

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Diabetic YES / NO
Please give details (if Yes) of problems with it if any? _____

Liver Problems e.g. Hepatitis YES / NO
Please give details (if Yes) _____

Lung Problems e.g. Asthma YES / NO
Please give details (if Yes) _____

Blackouts, Fits, Epilepsy, Fainting or Dizzy spells, Migraine YES / NO
Please give details (if Yes) _____

Nervous Break down, Depression or Mental Health Problems YES / NO
Please give details (if Yes) _____

Back/Mobility problems e.g. Sciatica YES / NO
Please give details (if Yes) _____

Joint problems e.g. Arthritis YES / NO
Please give details (if Yes) _____

Infections e.g. TB YES / NO
Please give details (if Yes) _____

Any other information _____

Have you ever been refused any job on health grounds YES / NO
Please give details (if Yes) _____

Off Work for more than 2 weeks YES / NO
Please give details (if Yes) _____

I understand that giving false information with regards to my medical history and fitness to work may lead to termination of my contract and services. To the best of my knowledge the above information is correct.

Signature _____

Dated _____