

**CONFIDENTIAL**

**Optional Medical Questionnaire**

The purpose of this Medical Questionnaire is to provide information about your medical history or current medical condition(s) which may be relevant should a medical emergency arise while you are at the workplace.

Please note that you are by no means forced to provide any information which you are not comfortable to provide. As a company, we respect your right to not disclose any medical conditions which you are not comfortable to share, as long as these conditions are not contagious in such a way that other staff at work would be at risk of contracting such illness/condition while working with you. Please also understand that the more information that you are able and willing to provide will equip us and any medical practitioner involved, to assist you if you suffer a medical emergency whilst at work. Any information shared will remain confidential until such time that the information is needed to assist you.

I provide the below information willingly and it is my choice to do so.

I do not wish to disclose my personal medical history / medical conditions that I may have.

**Do any of the below medical conditions apply to you?**

<b>1.</b> Diabetes	Yes / No	<b>2.</b> Skin rash/eczema	Yes / No	<b>3.</b> Back Trouble	Yes / No
<b>4.</b> High Blood Pressure	Yes / No	<b>5.</b> Headaches /Migraines (Frequently)	Yes / No	<b>6.</b> Swelling of legs/ ankles	Yes / No
<b>7.</b> Asthma	Yes / No	<b>8.</b> Heart trouble	Yes / No	<b>9.</b> Varicose veins	Yes / No
<b>10.</b> Fainting or dizziness	Yes / No	<b>11.</b> Anxiety / Panic Attacks	Yes / No	<b>12.</b> Insomnia	Yes / No
<b>13.</b> Rupture	Yes / No	<b>14.</b> Arthritis	Yes / No	<b>15.</b> Anaemia	Yes / No
<b>16.</b> Ear Trouble	Yes / No	<b>17.</b> Chest trouble	Yes / No	<b>18.</b> Nerve trouble	Yes / No
<b>19.</b> Epilepsy/fit	Yes / No	<b>20.</b> TB	Yes / No	<b>21.</b> Other (specify)	Yes / No

**Please provide more details:**

Based on the above, please elaborate on the extent of your condition and what we need to know should you have a medical emergency, related to such condition, while at work:

Do you have any allergies that you are aware of: \_\_\_\_\_

**Which medical facility you will be taken to:**

In the event of a medical emergency at work, the company will ensure that you are taken to the nearest state hospital unless you advise that you have private medical aid below or medical insurance which covers private hospitalisation:

Medical Aid/Medical Insurance Provider: \_\_\_\_\_ Plan type: \_\_\_\_\_

Membership number: \_\_\_\_\_

This plan covers Day to Day cover only

This plan covers Private Hospitalisation

I do not have medical aid/medical insurance that covers private hospitalisation, please take me to a state hospital

in case of emergency, which hospital should we take you to – please note that the employer will try their best to adhere to the request, as this is subjected to circumstances: \_\_\_\_\_

**In the case of a medical emergency at work, who should we contact?**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact number: \_\_\_\_\_

I understand that the above information (if provided) will not be held against be in any way and will only be used to assist me, should I encounter a medical emergency whilst at work. I understand it is my responsibility to keep the above information updated and should my medical history change, I should request to update this form which is kept on record.

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_