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 or 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.

PLEASE SELECT ONE OF THE 3 OPTIONS:

☐ I am providing the information below willingly and by choice, but my request is that it will **ONLY** be shared with a **LIMITED group** - specifically, the Head Office and Human Resources team.

☐ I am providing the information below willingly and by choice, but I would like the information to be shared with my **Company's Emergency Team so that they have everything on file**, enabling a quick and effective response in the event of an emergency.

☐ 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?

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

Do you have any specific medical conditions that could lead to an emergency and that your employer should be aware of? If so, please provide details along with any guidance on how we can best support you in such situations. For example, if you are prone to seizures, please let us know how we can assist effectively until emergency services, such as an ambulance, arrive:

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

Name:	Relation:	Contact Number:

In the event of a medical emergency at work, the company will try to take you to the nearest state hospital.

Please ensure that you update your information and notify Human Resources.

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:** _____

Initials: