

## 13: Medical Policy

Jesters takes Safeguarding and other legal responsibilities very seriously. Any offer of appointment to a successful candidate will be conditional upon the satisfactory completion of those pre-appointment checks that are prescribed by the law and discussed at the interview stage. This includes a medical check which confirms a candidate's fitness to carry out the duties of the post for which they are applying.

We are an equal opportunities employer and welcome applications from all candidates. All our prospective employees are asked to complete identical application forms.

A sample of our confidential pre-employment form is attached. All completed questionnaires are stored securely in the Directors office. Access is restricted to the Director and the Club Manager, Thereafter, they will form part of an employee's medical records and will not be disclosed to any third party. Medical records are securely destroyed after an individual leaves the employment.



## **CONFIDENTIAL MEDICAL FORM FOR STAFF**

TITLE:	SURNAME:	SURNAME:			FIRST NAMES:				
ADDRESS:	TEL.NO:			DATE OF BIRTH:					
	MOBILE:			AGE:					
	E-MAIL:	E-MAIL:			SEX:				
Post for which you are applying:									
Name and Address of your GP:									
Tel.No: Please describe your present state of health:									
Please describe your present state of fleatiff.									
Have you consulted a Doctor in the last 12 months? If so, please give the reason:									
Are you waiting for an operation or any medical investigation? If so, please give details:									
How many days' absence	through sic	kne	ess have	you	had in the last 12 months?				
Are you (or have you bee	n) registered	d as	s disable	12 Y	FS/NO				
Are you (or have you been) registered as disabled? YES/NO If so, please give: Card No: Expiry Date:									
Are there any special adjustments that you would require in order to work at the school?									
If so, please describe the	m.								
Do you receive a disability pension? YES?NO  Have you ever:  No  Yes  Please give details									
Had an operation?									
2. Been seriously ill or									
injured?									
3. Received in-patient									
treatment for a physical or mental condition?									
A Reen refused or lost									
4. Been refused, or lost your employment for health reasons?									
5. Been made ill by your									

work?

6. Been refused a driver's licence on grounds of ill health?			
7. Have you ever suffered from any mental, psychological or psychiatric problem?			
8. Have you ever been treated for TB?			

## Do you suffer from or have ever had:

Diabetes YES/NO Skin rashes/eczema YES/NO Swelling of legs/ankles YES/NO High Blood Pressure YES/NO Anaemia YES/NO Period or prostate problems YES/NO Varicose veins YES/NO Migraines/ frequent headaches YES/NO **Asthma** YES/NO Cough (frequent) YES/NO Heart problems YES/NO YES/NO Rupture Rheumatic fever YES/NO Chest problems YES/NO **Back problems** YES/NO **Arthritis** YES/NO Fainting or dizziness YES/NO Ear trouble YES/NO **Epilepsy/fits** YES/NO **Hay Fever** YES/NO **Eve trouble** YES/NO Shortness of breath YES/NO Jaundice YES/NO Nerve trouble YES/NO Stomach trouble YES/NO Joint trouble YES/NO

If you have answered yes to any of the above, please provide details: (Continue on a separate sheet if necessary)

Please give details of any allergies

Are you on any medication at present?

Have you ever worked in a dusty trade? YES/NO

Do you need glasses to read? YES/NO

Have you ever had a head injury? YES/NO

Do you suffer from any other medical problems not covered above?

DECLARATION
To the best of my knowledge I believe the information given above is true. I understand that giving false information or failing to disclose significant information could result in the termination of my contract. I confirm that Jesters may approach my GP to seek information about any medical condition that may restrict my ability to undertake this appointment.
I know of no reasons on the grounds of mental or physical health why I should not be able to discharge the responsibilities required by the post of
Signed:
Date:
Name:

(Please print)