

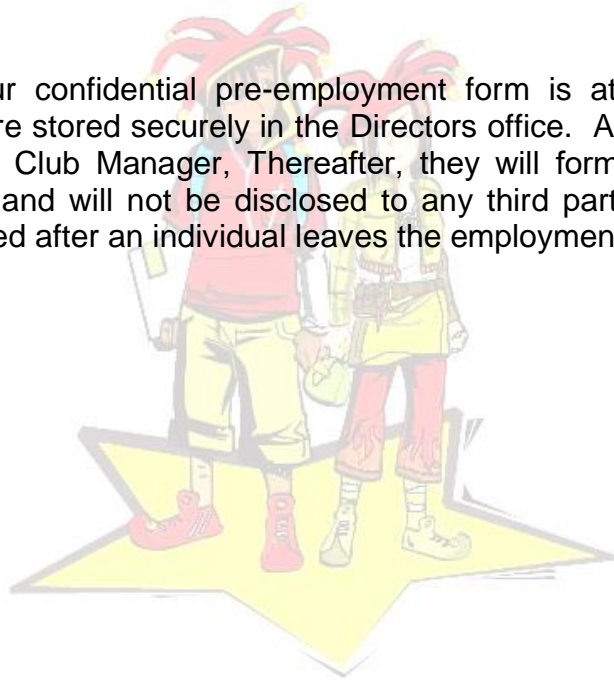


## 13: Medical Policy

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.





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  
**Asthma** YES/NO    **Varicose veins** YES/NO    **Migraines/ frequent headaches** YES/NO  
**Cough (frequent)** YES/NO    **Heart problems** YES/NO    **Rupture** YES/NO  
**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    **Eye 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)