

**THE PERSONNEL BOARD OF HOUSTON COUNTY  
PO BOX 6406  
DOTHAN, AL 36302  
334-677-4777**

**PRE-EMPLOYMENT HEALTH QUESTIONNAIRE**

***Introduction***

Houston County is committed to the health and safety of its staff. As part of these commitments, this Pre-employment Health Questionnaire Physical and Drug Screen is required to be completed by all staff prior to beginning employment with the Houston County.

The County, like every employer is bound by The Management of Health and Safety at Work Regulations 1992, which are supplemented by an Approved Code of Practice. We are required to make assessments of risks to which employees may be exposed at work, and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition the Disability Discrimination Act 1995 imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up proposed employment. This Pre-Employment health Questionnaire, supplemented by a further medical assessment, is part of the Houston County's fulfillment of our legal responsibilities in respect of the above two pieces of legislation.

***Confidentiality***

The completed form will only be seen by the County's Occupational Health Adviser if you are about to be offered employment.

In some instances action may be required by the County to reduce potential risks or to improve the ability of a new member of staff to perform the full duties of the job. Where this requires the disclosure of material facts, e.g. to Human Resources or to the Line Management, such a disclosure will only be made with the informed consent of the prospective employee.

**Pre-Employment Health Questionnaire**

This questionnaire should be completed as fully as possible. The information will be treated **in confidence** by the Occupation Health Adviser and Houston County.

**PLEASE COMPLETE IN CAPITAL LETTERS**

Last name: .....SSN: .....

First name: .....

Date of Birth: .....Sex: .....

Present Address: .....

Home Tel. No: .....

Position applied for: .....

Department: .....

Tel No .....

**Occupational History**

Nature of Job	Dates	Known hazards to which you have been exposed.
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## Medical History

Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (a) date, (b) amount of time lost from work/school, (c) treatment, as appropriate.

### Have you ever suffered from any of the following illnesses?

	Yes	No	If yes, please give details
Visual defects/eye conditions (including color-blindness)			
Hearing defects/ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			
Asthma, bronchitis, tuberculosis or other chest disease			
Peptic ulcer or other digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hayfever, allergies to drugs, animals etc			
Any recurrent infections			
Any impairment of immunity to infection			
Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems or illness			
Any other medical condition, physical or mental, not mentioned above			

### Have you

Ever undergone a surgical operation or been admitted to hospital for any reason?			
Had more than 20 days sickness absence in the past 2 years?			
Suffered from an Industrial Disease/Accident?			
Had a chest X-ray in the past 12 months - If so state place / date / result			

**Present Health Status**

	<b>Yes</b>	<b>No</b>	<b>Please give details where appropriate</b>
Are you currently attending a doctor?			
Are you at present on any medication or treatment prescribed by a doctor?			
Are you a smoker? If so please give details			
Do you drink alcohol? If so how many units per week? (NB 1 unit is 1/2 pint of beer or 1 medium glass of wine)			
Do you have any eyesight defects other than those corrected by glasses?			
Do you have any hearing problems?			
Do you have any defect of speech or communication problem?			
Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Do you have any other relevant health problems?			
What is your height? ..... ft ..... ins (without shoes)			
What is your weight? ..... lbs			

**Declaration**

1. I declare that, to the best of my knowledge, the information I have given is correct.
2. I understand that I will be required to successfully complete a medical examination and drug/alcohol screen.
3. I understand that failure to disclose relevant information or giving false information may result in termination of my employment.

Signature ..... Date .....

For completion by Occupational Health Department

Code                      **A**                      **B**                      **C**

Action

**REPORT FROM O.H. PHYSICIAN TO MANAGEMENT**

Employee's name \_\_\_\_\_

Date of birth \_\_\_\_\_

Job Title \_\_\_\_\_

**MEDICAL ASSESSMENT: PRE-EMPLOYMENT**

In my opinion, the above is:

- A: Medically suitable for employment in the proposed occupation
- B: Medically unsuitable for employment in the proposed occupation
- C: Medically suitable for employment in the proposed occupation, subject to the following conditions:

Signature .....

Date .....