

## EMPLOYEE MEDICAL QUESTIONNAIRE

1. Are you fit and well? Yes/No  
*If no, please give details:*
  
2. How much time away from work have you had on sick leave in the past 24 months?  
*Period of Absence* *Reason for Absence*
  
3. Are you currently under the care of a doctor or any other type of Health Practitioner? Yes/No  
*If yes, please give details:*
  
4. Are you currently taking any medication and/or do you have any medical condition(s)? Yes/No  
*If yes, please give details:*
  
5. Have you ever had to change your job, or been refused a job, on medical grounds? Yes/No  
*If yes, please give details:*
  
6. When was the last time you had your eyes tested?
  
7. Please give the name and address of your current GP:

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### DECLARATION

I declare that the above information is correct and that Romsey Mill has my permission to further investigate any information given if required.

Signed:

Name (in block capitals):

Date:

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Please continue overleaf if there is not enough space for your answers above

**ALL INFORMATION OBTAINED FROM THIS QUESTIONNAIRE WILL BE TREATED AS  
CONFIDENTIAL**