



Staff Health Questionnaire

Personal Information	
Full Name	
Date of Birth	
Contact Number	
GP Name	
GP Address	
GP Contact Number	
NHS Number	
Date of last Flu vaccination	
Dates of Covid-19 vaccinations	

	Yes	No	If yes, please give details
Do you have, or have you ever had any significant illness? (i.e. Asthma, Diabetes, Heart Disease, Other)			
Are you regularly seeing your GP for any ongoing health condition?			
Are you on a waiting list to see a specialist, or have you seen one in the past 5 years?			
Have you had any hospital admissions in the last 5 years?			
Have you ever had any illness/impairment/disability which may have been caused by, or made worse by your work?			
Are you aware of any other medical problems you have that may cause you difficulty in performing your normal working role or attending work?			
Do you think you may need any adjustments or assistance in order for you to undertake your normal working duties?			
Are you regularly taking any prescription medication?			
Are there any other matters concerning your health not covered by the previous questions, which we should know about?			

To the best of my knowledge and belief the information given above is true and correct.

Signed: _____ Date: _____

Please be advised, Manuel Divine Care Ltd will ensure the confidentiality of ALL information provided in this document is maintained and ONLY accessed in an emergency situation.



Where required, any reasonable adjustments and/or risk assessments will be implemented and regularly reviewed on an individual basis to ensure you are safeguarded at all times.