

# MEDICAL QUESTIONNAIRE

*Private & Confidential*



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**Family Doctor:**

**Tel Number:**

**Address:**



## MEDICAL QUESTIONNAIRE

*Please tick as appropriate, indicating any conditions from which you have suffered and give details, e.g. length of illness, approx. dates, treatments etc. In the space provided at the bottom of each section.*

Bronchitis, asthma, T.B. or any other chest trouble	Y	N
High blood pressure, pain in chest, or any heart condition	Y	N
Nervous or mental trouble	Y	N
Epilepsy, fainting or blackouts	Y	N
Giddiness or headaches	Y	N
Diabetes	Y	N
Indigestion, gastric or duodenal ulcer or other gastro-intestinal condition or bowel disorder	Y	N
Dermatitis or other skin disease	Y	N
Arthritis, rheumatic fever, rheumatism or gout	Y	N
Liver, kidney, bladder trouble or jaundice	Y	N
Rupture. If yes, do you wear a truss?	Y	N
Varicose veins	Y	N
Do you have or have you at any time suffered from any illness of the neck and/or back?	Y	N
Any other illness, accident or injury?	Y	N
Anaemia or enlarged glands	Y	N

Please give details

Do you require any special arrangements to be made should you be called for interview?

**Are you at present under any medical treatment or observation or have you been during the last five years?**

Y N

**Have you ever undergone an operation or had radio therapy treatment?**

Y N

**Have you ever been medically rejected for service with any public body, insurance company or Government body?**

Y N

**Have you any deformity, physical or speech defect?**

Y N

**Is your eyesight satisfactory for all normal purposes with or without glasses?**

Y N

**Do you wear contact lens?**

Y N

**When did you last have your eyes tested? Date**

Y N

**Have you ever suffered from an injury or disease of one or both eyes?**

Y N

**Are you colour blind?**

Y N

Please give details

**Is your hearing good in both ears?**

Y N

**Have you ever suffered from any ear disease?**

Y N

Please give details

**Are you able to work at heights?**

Y N

**How many days have you lost due to illness during each of the last two years?**

Please give details

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief. I understand that I may be required to undergo a medical examination. I consent to my doctor being approached for further information, including medical reports if the company considers it necessary.

**Signature**

**Date**

**TO BE COUNTERSIGNED BY PARENT/GUARDIAN IF UNDER 18**