

MEDICAL QUESTIONNAIRE/Disclosure of Disability

PRIVATE & CONFIDENTIAL

To only be completed upon offer of a role at the London Borough of Redbridge

TITLE: _____ **FULL NAME:** _____

All questions must be answered and where applicable, the words "Yes" or "No" should be inserted.

Are you suffering from any illness or disability at present or receiving medical treatment?

Have you ever suffered from any of the following. If yes, please state which year.

	YES	NO	YEAR
Asthma	YES	NO	
Bronchitis/Chest Disorder	YES	NO	
Heart Disease/High Blood Pressure	YES	NO	
Rheumatic Fever	YES	NO	
Gastric Ulcer	YES	NO	
Duodenal Ulcer	YES	NO	
Fits/Epilepsy	YES	NO	
Fainting/Giddy Spells	YES	NO	
Stroke	YES	NO	
Nervous Disorder	YES	NO	
Any form of Tuberculosis Disease	YES	NO	
Diabetes	YES	NO	
Rupture	YES	NO	
Dysentery/Diarrhoea	YES	NO	
Slipped Disc/Lumbago/Sciatica	YES	NO	
Rheumatism	YES	NO	
Kidney Disease	YES	NO	
Typhoid, Para-Typhoid	YES	NO	
Malaria or other Tropical Disease	YES	NO	

Have you come into contact with anyone suffering from a contagious disease in the last 12 months? If yes, please give details:

.....

Were you discharged from H.M. Forces or any employment on medical grounds? **YES / NO***

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Disability**

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The Equality Act 2010 defines a person that has a disability or a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

'Long –term' in this definition means 'expected to last for more than12 months or for the expected remainder of the person's life, if this is a shorter time'

A disability could be for example: asthma, a heart condition, dyslexia, hard of hearing, deaf, visually impaired/blind, arthritis, depression, diabetes, speech impairment, epilepsy, facial disfigurement, a wheelchair user, a progressive condition etc.)

According to this definition, do you consider yourself to have a disability?

Yes No

I hereby declare that my replies above are true and correct to the best of my knowledge, information and belief and in particular I have not omitted any material acts or details of information, which may have bearings as to the state of my health. I will inform the agency straightaway if any of the above details change.

Signed:.....

Date:.....

**Delete as appropriate*