

Staff Occupational Health Survey Please indicate by ticking the box if any of the following statements apply to you. Do you:		Tick
1.	Have a cardio-vascular condition we should be made aware of?	
2.	Have Type 1 Diabetes requiring regular insulin medication?	
3.	Have Type 2 Diabetes requiring regular medication?	
4.	Suffer from Asthma that requires regular medication?	
5.	Suffer from any other chronic airways disease we should be aware of?	
6.	Suffer from any allergies we should be made aware of?	
7.	Suffer from an allergy that is sufficiently life-threatening that you carry an Epi-pen? <i>The UK Medicine Act 2012 states any lay person can legally administer an epi-pen in an emergency.</i>	
8.	Suffer from any muscular-skeletal condition we should be aware of? Including chronic back and joint pain, Hand Arm Vibration Syndrome (HAVS), Raynaud's Syndrome or Carpal Tunnel Syndrome ... all of which can be aggravated by operating hand-held tools.	
9.	Suffer from a hernia?	
10.	Have a medical condition where you are likely to suffer fits and seizures?	
11.	Have a medical condition that is adversely affecting your eyesight other than the need to wear prescription lenses?	
12.	Have a condition that is adversely affecting your hearing?	
13.	A medical condition that requires you to take medication we should be aware of? <i>Many medications affect your ability to drive and operate machinery safely.</i>	
14.	Find the stress from daily living and work an issue affecting the quality of your life? <i>It is easy to dismiss this issue, but undue stress in the work place can damage your long-term health. There are ways to reduce stress and as employers we have a moral and legal duty to help you deal with workplace stress.</i>	
15.	Have you been medically diagnosed with any medical condition that we, as your employers, should be made aware of? If so please contact a director to discuss it.	
16.	Please indicate if none of the above apply to you?	
<p>Declaration:</p> <p>I understand you have a legal duty to ensure, in so far as is reasonably practicable, my health safety and welfare at work (S.2.1 HASAW 1974). I also understand I have a legal duty (S.7 HASAW 1974) to co-operate with my employer in fulfilling that legal duty, which would include keeping my employer informed of any medical condition that may affect my performance, health, or safety at work. I have completed the table above and confirm I will inform you of any relevant change in my medical condition in future.</p> <p>Signature: Date:</p> <p>Print name:</p> <p>As this questionnaire contains personal and confidential information, please return the completed form to Head Office in a sealed envelope marked "Confidential" and for the "Attention of Ralph Elliott-King only". It will be added to your confidential staff file.</p>		