

HIGH SOCIETY

Personal Health Questionnaire

STRICTLY PRIVATE AND CONFIDENTIAL

Surname _____

First Names _____

Address _____

Date of Birth _____

Next of Kin _____

Emergency Contact _____

Relationship to you _____

Do you consider yourself to be disabled? Yes No

Are you currently suffering from or have you ever suffered from any of the following?

Fainting Attacks	Yes	No	Back Trouble	Yes	No
Fits of Blackouts	Yes	No	Muscle/Joint Trouble	Yes	No
Mental Illness*	Yes	No	Skin Trouble	Yes	No
Learning Difficulties*	Yes	No	Diabetes	Yes	No
Asthma	Yes	No	Recurring Stomach Trouble	Yes	No
Hayfever	Yes	No	Recurring Bowel Trouble	Yes	No
Heart Trouble	Yes	No	Ear Trouble/Deafness	Yes	No
High Blood Pressure	Yes	No			

*(We understand that there is a wide range of mental health illnesses and learning difficulties, if you need any assistance please provide details here.) _____

Eye Trouble or defective vision (NOT corrected by glasses or contact lens) Yes No

In the last 2 years have you been off work because of illness or injury? Yes No

If yes, please give brief details _____

Are you currently receiving treatment and / or medication from a doctor? Yes No

If yes, please give brief details _____

I declare that the information given is true and correct to the best of my knowledge. I know of no medical reason why I should not work in a food environment. However, if the situation changes at any time during my employment with High Society, I will notify a Company Representative immediately.

Signature _____ Date _____

Personal Declaration

To the best of my knowledge the information given is correct. I am in good health and there is nothing further of which I am aware that should be taken into account when offering me work. I am eligible to work in the U.K and I understand if anything should prove to be inaccurate I am liable for dismissal.

I hereby authorize HS to seek references and the information received may be used to assist with my application for work. I agree that the information given on my application may be used for the purposes of registration under the Data Protection Act.

I also agree that, should either HS or either client use 'Stop & Search' procedures, I shall comply with their instructions.

Signature _____ Date _____