



Pre-Placement Health Declaration

Surname	
Forename(s)	
Date of Birth	
National Insurance Number	
Company Name	
Job Title	

All contractors working at AWE are required to undergo a pre-placement health assessment before starting work on site. This assessment requires you to fill in the form below and will include a drug and alcohol screen and possibly hearing or vision test depending on the hazards of your job. All medical information will be kept confidential but AWE and your employer will be informed of the result of your assessment.

I consent / do not consent to undergoing a drug and alcohol screen and a medical assessment by Trident Medical Services

Signed Date

Please answer each question below by indicating with a tick under *Yes* or *No*.

Section 1

	Do you have or have you ever had:	YES	NO
1.	Illness or disease affecting the heart? (Angina, heart attack, pains in the chest, or pacemakers)		
2.	Illness or disease of the chest or lungs? (Asthma, bronchitis, T.B. pleurisy or emphysema, wheezing)		
3.	Illness or disease affecting the kidneys or bladder?		
4.	Illness or disease affecting the stomach or bowel?		
5.	Illness or disease affecting the blood?		
6.	Any problems with your back? (Sciatica, slipped disc, backache, neck ache or spinal disorders)		
7.	Illness or accidents affecting your joints?		
8.	Any tingling, coldness or numbness in your hands or fingers at work or at home		
9.	Problems with your skin? (Sensitivity, dermatitis, eczema, psoriasis or rashes)		
10.	Disease of, or operations on your eyes?		
11.	Disease of the ears?		
12.	Fainting, blackouts or dizzy spells?		
13.	Fits or Epilepsy?		
14.	Allergies of any kind?		
15.	Diabetes?		
16.	Concussion or a serious head injury?		
17.	Mental health problems? (Depression, schizophrenia, anxiety or stress)		
18.	Medical or surgical treatment of any kind since childhood, from age 16 onwards?		
19.	Are you taking any medicines of any kind?		
20.	Do you think you have a disability?		
21.	Have you ever been rejected or discharged from a job on medical grounds?		
22.	Do you have any other condition which may be affected by the type of work that that you will be doing, or anything you consider relevant and not covered in the list above? (Please give details in comments box overleaf in Section 2)		
23.	Have you been absent from work or school in the last 12 months for 1 week or more for any medical reason? (If yes please state reason/s and date/s in comments box overleaf – Section 3)		

Surname: Initial: Date of Birth:

Section 2

Comments Box

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Section 3

Sickness Absence from work

Reason For Absence	Dates of Absence

Please sign below

I declare that the above information is, to the best of my knowledge, true and complete.

Signature _____ Date _____

RESULTS

Identity Confirmed	Yes	No	Height	Weight	BMI	B/P
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Urinalysis				Drug & Alcohol Test	
Sugar	Blood	Protein	Other	Yes	No

Visual Acuity 	Distance Vision			Contact Lenses	YES	NO
	Left	Right	Both			
				Glasses Worn	YES	NO

Colour Vision Test (Ishihara)													
Please circle the plate numbers which are read correctly													
Plate No	1	2	3	4	5	6	7	8	9	10	11	12	13
Correct Response	12	8	29	5	3	15	74	6	45	5	7	16	73
Actual Response													







Surname:

Initial:

Date of Birth:

Skin Assessment	Yes	No	Where?
Any dryness or cracking?			
Any redness?			

Hearing	Yes	No
Normal conversation heard?		

Vibration White Finger Assessment	Yes	No	Right	Left
1. Have you ever suffered from your fingers going white on exposure to cold?				
2. Have you ever had any tingling in your fingers>				
3. Have you ever had any feelings of numbness in your fingers>				
4. Do you have any problems with the muscles or joints of your hands or arms?				

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TRIDENT MEDICAL SERVICES

Date	Clinical Notes	Signature

Medical Fitness Category	Tick as applicable ✓	Examining Nurse
Fit		Signature Name Title Date
Fit with adjustments		
Temporarily unfit		
Unable to decide on fitness - need further information from GP/Specialist		
To see O H Physician		
Examinee informed of results		
Health clearance (Form F116) sent to employee and AWE		
Referral form sent to West End Minor Injuries Unit		