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| **Acorns Primary School Pre-employment Health Screening Questionnaire** |

Lancashire County Council and Tor View School wishes to ensure that you do not have any ill health or disability which might make the proposed work difficult or unsafe to yourself or others. The Council is an equal Opportunity Employer and will consider any reasonable adjustments to the proposed work or workplace that may be appropriate.

Please complete the details below and sign the declaration. **You are not required to reveal any confidential medical information**, just a ‘yes’ or ‘no’ response. The information will be considered by the Principal/ Headteacher. If ‘yes’ is ticked, you may be required to complete an online full Pre-Employment Health Assessment Questionnaire provided by our Occupational Health providers, OH Assist.

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| **Section 1 – Post Details (to be completed by the School)** |
| Role applied for: |
| School:**Acorns Primary School** | Department/ Role: |

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| **Section 2 – Applicant Personal Details (to be completed by applicant)** |
| Mr | Mrs | Miss | Ms | Other |
| **Full Name and Legal Title:** |
| **Home address:** | **Telephone number:****Mobile number:****Email address:** |

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| **Section 3 – Pre-Screening Questions (to be completed by applicant)** |
|  | **Yes** | **No** |
| 1. | Do you need any special aids or adaptations to the workplace to assist you at work?  |  |  |
| 2. | Do you have any medical problems, medication requirements or disabilities that affect your ability to undertake your work effectively or to achieve an acceptable level of attendance at work? |  |  |
| 3. | Are you having, or waiting for, treatment or investigations for any medical conditions at present? |  |  |
| 4. | Have you ever had any health problems which may have been caused or made worse by work? |  |  |
| 5. | Do you, or have you, ever had a problem with the misuse of alcohol or drugs? |  |  |
| 6. | Have you had more than 14 days absence from work, related to health, within the last 2 years?  |  |  |
| 7. | Do you have any medical problems or disabilities which you would like to discuss with the Occupational Health provider? |  |  |

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| **Section 4 – Declaration (to be completed by the applicant)** |
| I declare that all the foregoing answers are true to the best of my knowledge. I accept that in the event of my being employed and it is subsequently shown that medical information has not been disclosed by me (or has been misleading or false), I may become liable to disciplinary proceedings which may cause my dismissal.I agree to being referred to occupational health, if appropriate, and for a copy of this form and a job description to be sent to them.I am aware that a report will be sent to the Headteacher following assessment. If successful, the information will be kept on my personnel file (electronic or paper) until 6 years after leaving Lancashire County Council and it may be seen by anyone with authorized access to my file. |
| **Applicant Signature:****Name (printed):** | **Date:** |

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| **Section 5 – Review by Principal/ Headteacher** |
| Principal/ Headteacher recommendation regarding further referral to Occupational Health **YES/ NO****Comments:** |
| **Principal/ Headteacher Signature:** | **Date:** |
| **School Business Manager Signature:****(if referral made)** | **Date:** |