

NurseryManagers.com Medical Questionnaire

Please complete this form. The information you give is kept entirely confidential and is needed to ensure the safety of you and others. If you are uncertain of any questions you can discuss these at registration.

First Name _____

Surname _____

Date of Birth _____

Please state if any of the following apply or have applied in the past to you. Please give details below where appropriate.

Circulatory problems such as varicose veins, phlebitis, thrombosis	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart problems such as angina, high blood pressure, heart attack	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Epilepsy or fainting attacks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Skin disorders	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Recent operation or fracture	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any current Medication	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Back trouble, arthritis, rheumatism	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Injury to bones, joints, tendons, including wrist tendons	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A claim for industrial injury etc	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any other significant health problems (eyes, hearing)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please detail below any relevant Medical Details we should be aware of in order for you to carry out your job working in a nursery.

I hereby declare that the above information is correct to the best of my knowledge.

I hereby declare that I am a fit candidate mentally and physically to work with children within a nursery setting.

Signature _____

Print Name _____

Date _____