

Confidential Medical Questionnaire:		Yes	No
Have you been diagnosed with or are you suffering from any medical condition / illness at the time of completing this questionnaire?			
Are you taking regular medication?			
Have you attended hospital or been admitted to hospital within the last year?			
Do you suffer from fits / epilepsy?			
Have you ever suffered blackouts, recurrent dizziness or any condition which may cause sudden collapse or incapacity?			
Do you get discomfort or pain in the chest or shortness of breath on exercise? (e.g. climbing a single flight of stairs)			
Do you have difficulty in moving rapidly over short distances on foot, including slopes, steps or rough ground?			
Do you have difficulty looking over either shoulder?			
Do you have difficulty with your eye sight? (other than wearing spectacles or contact lenses being required)			
Do you have difficulty hearing normal conversation?			
Are you taking medication that causes dizziness or drowsiness?			
Have you used any drugs of abuse (not alcohol or tobacco) within the last 12 months?			
Have you had any illness related to alcohol during the last 12 months?			
Do you currently have any medical problems with your hearing or ears, including attendance at your GP or to an Ear Nose & Throat (ENT) Consultant?			
Do you use handheld vibrating tools / equipment and / or suffer from symptoms associated with hand arm vibration syndrome?			
If you have answered 'yes' to any of the questions above please provide details:			
Do you hold a Medical Certificate to Network Rail Standard NR/L2/OHS/00124?			
Do you hold a Drug & Alcohol Screening to Network Rail Standard NR/L1/OHS/051 for working on the railway:			
Medical Expiry Date:	DD/MM/YYYY	Drugs and Alcohol Screening Date:	DD/MM/YYYY



Confidential Medical Questionnaire:		Yes	No
Have you ever been pronounced positive by any drug & alcohol screening agency?			
If yes, where was the screening taken? (please provide company name and address):			
Do you wear spectacles?			
Do you wear contact lenses? If you wear contact lenses, please make ensure that you carry spectacles with you at all times whilst on site			
Have you ever worked in a dusty or noisy environment?			
Do you suffer from any other ailment?			
Are you a smoker?			
Are you registered disabled?			
Do you have any health issues or a disability relevant to the role / position you seek?			
If you have answered 'yes' to any of the questions above please provide details:			
If you have a disability, what are your needs in terms of reasonable adjustments to enable you to perform the role sought:			
If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview or take an aptitude test etc:			



If you are currently taking herbal remedies / over the counter drugs please list them below. The list must include the dosage taken along with how often this is taken and how long you have been taking them. (e.g. one 325mg tablet of Aspirin, once a day for six months)

Medication / Medical Details:

GP's name, the name of GP's surgery and its address:

Are you **prescribed** medication by your doctor (GP):

Yes:

No:

If 'Yes' please list the details of each medication, the dosage you take along with the frequency of which you take it and how long you have been taking it? (e.g. one 5mg tablet of Warfarin, three times a day for four years)



Candidate Declaration

Please read the following statements carefully and tick each of the statements that you agree with. If you are unsure / have any questions or would like clarity on any of the statements please speak to your Linear Recruitment Consultant

- I can confirm that I have given a true, accurate and honest record of my fitness to work and my medical status
- All of the information I have provided to Linear Recruitment is correct to the best of my knowledge
- I understand that providing incorrect or false information could result in the termination of my contract with Linear Recruitment
- I consent to the details enclosed on this form being shared with a medical professional (for example a doctor) in the event of an emergency
- I understand that if there are any changes to my medical situation as enclosed in self-assessment medical questionnaire, I must inform Linear Recruitment immediately

Signed:

Print Name:

Date:

DD/MM/YYYY

