



Confidential Work Health Assessment

Reed actively promotes the benefits of a diverse workforce and is committed to upholding equal opportunities for all, irrespective of sex, race, disability, religion or belief, sexual orientation, age, marital/civil partnership status, pregnancy or maternity and gender reassignment.

The purpose of this confidential questionnaire is to establish whether you have any health problems that could affect your ability to undertake your working duties. Following this assessment we may recommend adjustments, modifications or assistance to support you into work. Our aim is to promote and maintain the health of all people at work. Please help us to help you by completing the questionnaire as fully as possible, giving full details including dates, treatment and if the health is now resolved or ongoing. Attach additional sheets of paper if necessary.

Candidate to complete:		
Surname/Family name:		First name:
Previous names (if applicable):		Male Female Other
Contact phone number:		Occupation /Job Title:
Please answer each question below fully, but only if it is relevant to the specific role(s) for which you will be applying.		
	Yes	No
1. Have you got a current health issue/disability/medical condition? If yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your health issue/disability/medical condition affect your work? If yes please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you consent for Occupational Health to contact you if required?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you having any treatment or waiting for any treatment (including medication) or investigations at present which may affect your work? If your answer is yes, please provide further details of the condition, treatment and dates below.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you think you may need any adjustments, modifications or assistance to enable you to work or to attend an interview process? If yes, please provide details below.	<input type="checkbox"/>	<input type="checkbox"/>
6. Will you require a night worker assessment? (this is provided to those who regularly work between the hours of 11pm and 6am)	<input type="checkbox"/>	<input type="checkbox"/>



APPLICANT'S DECLARATION

I declare that, to the best of my knowledge, all answers and statements I have given are true. I understand that Reed may pass information contained within this form to their appointed third party Occupational Health Company for the purpose of additional screening. I hereby consent to Reed passing such information (together with any related documentation) to such organisations and for this information to be used and retained by them for the above purposes.

Signature:		Print name:	
Date:			