

additional information required

surname	Email address
first names	

pre-employment medical questionnaire / declaration

this information will be treated in the strictest confidence - please ensure that you complete all questions

Have you ever been rejected for or discharged from any form of national or other service or employment for medical reasons? If yes state where, when and why.	
Have you lost time from work in excess of one week because of illness or injury? If yes state approx. dates, time lost and reason.	
How much time have you had off work for each such occurrence in total (not holidays) in the last two years? Reason.	
Have you ever received: a. disability payments (including National Health Benefits)? b. compensation for any illness or injury sustained at work? If yes please give details.	
Give details of time spent as an in-patient in hospital, clinic, nursing home etc.	
Give details of any X-rays or other medical investigations that you have had (where, when and why).	
Are you suffering from any medical condition at this time? If yes please give details.	
Are you taking or do you routinely take any drugs or medication? If yes please give details.	
Do you drink alcohol? If yes in what form and how many units per week.	



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Do you smoke? If yes in what form and quantity.

pre-employment medical questionnaire / declaration - continued

Do you normally enjoy good health?

Have you any history of	Yes	No	If yes please give details, dates and doctor or hospital
Colour blindness			
Blood conditions such as anemia			
Claustrophobia			
Nervous or mental illness			
Recurrent headaches or migraine			
Head injury or concussion			
Tuberculosis			
Pneumonia, bronchitis or other illness affecting			
Asthma			
Hayfever or other allergy			
Illness affecting the heart			
Rheumatic fever			
Illness affecting the stomach or bowel			
Bowel condition or IBS			
Illness affecting the kidneys or bladder			
Diabetes or endocrine disorder			
Disease of the nose, throat or ears			
Skin complaints			
Motion sickness			
Rheumatism, arthritis or any trouble with limbs or			



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Surgical operations			
Any illness not mentioned above			
pre-employment medical questionnaire / declaration - continued			
Has your weight changed more than 5kg (12lb) in			
Do you have any hearing problems / difficulties?			
Do you have any eyesight problems / difficulties			
Do you suffer or have you suffered from any back			
Have you either resided or otherwise associated with any			
Have you any family history of high blood pressure, heart			
<p>I hereby declare that the answers to the aforementioned questions are correct to the best of my knowledge and belief and that I have not withheld any relevant information or made any misleading statements. I understand that incorrect answers may prejudice my application.</p> <p>I hereby authorise the Company to contact my Doctor / Medical Attendant to verify the above information.</p>			
Signed _____		Date _____	

rehabilitation of offenders' declaration

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, Section 4 (2) of the Rehabilitation of Offenders Act does not apply. You are therefore not entitled to withhold information about a previous conviction on the grounds that it is for the purposes spent under the Act.

Have you been charged with, summoned or cautioned for any offence?	Yes / No	If "Yes" please give details below.
Details:		



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passport / driving licence details

Passport number	
Date of expiry	
Place of issue	
Place of birth	
Nationality	
Driving licence number	
Type of licence	Full / Provisional (please delete as appropriate)
Date of expiry	

I hereby declare that the answers to the aforementioned questions are correct to the best of my knowledge and belief, and that I have not withheld any relevant information or made any misleading statement(s). I understand that incorrect information may prejudice my employment with Monarch

Signed:

Date:



*additional information
required*

please give the details of two previous employers /
agencies
who we may approach for a reference

Company	<input type="text"/>		
Contact Name & Job Title	<input type="text"/>		
Address	<input type="text"/>		
		Post Code	<input type="text"/>
Tel no	<input type="text"/>	Fax No	<input type="text"/>
Period of employment	from <input type="text"/>	to <input type="text"/>	
Employed as	<input type="text"/>		

Company	<input type="text"/>		
Contact Name & Job	<input type="text"/>		
Address	<input type="text"/>		
		Post Code	<input type="text"/>
Tel no	<input type="text"/>	Fax No	<input type="text"/>
Period of employment	from <input type="text"/>	to <input type="text"/>	
Employed as	<input type="text"/>		

