



PRECONCO LIMITED

'PROMOTING A POSITIVE CULTURE BASED ON IMPROVING OUR (HSE) PERFORMANCE'
MEDICAL QUESTIONNAIRE FOR JOB APPLICANTS

PLEASE NOTE THAT THE INFORMATION ON THIS FORM IS TO BE CONSIDERED CONFIDENTIAL.

HAVE YOU EVER BEEN TREATED FOR OR EVER HAD ANY KNOWN INDICATION OF :-

PLEASE CHECK EACH ITEM YES OR NO.

- | | <u>YES</u> | <u>NO</u> | |
|-----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | DISORDER OF THE EYES, NOSE, OR THROAT ? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | DIZZINESS, FAINTING, CONVULSIONS OR HEADACHE ? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | SHORTNESS OF BREATH, PERSISTENT HOARSENESS OR COUGH ? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | ASTHMA, BRONCHITIS OR CHRONIC RESPIRATORY DISORDER ? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | CHEST PAIN, PALPITATION, HIGH BLOOD PRESSURE OR HEART ATTACK ? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | HERNIA, UNUSUAL SKIN LESIONS OR UNEXPLAINED INFECTIONS ? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | DIABETES, GOUT, ARTHRITIS OR RHEUMATISM ? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | DISORDER OF THE MUSCLES OR BONES, INCLUDING THE SPINE OR JOINTS ? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | ANY OTHER DISORDER OR INJURY OF THE BACK ? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | ALLERGIES, ANAEMIA OR ANY OTHER DISORDER OF THE BLOOD ? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | HAD ANY MENTAL OR PHYSICAL DISORDER NOT LISTED ABOVE ? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | BEEN ADVISED TO HAVE ANY DIAGNOSTIC TEST, HOSPITALISATION OR SURGERY WHICH WAS NOT COMPLETED ? |

I HEREBY DECLARE THAT THE ANSWERS GIVEN AND RECORDED HEREIN ARE, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUE AS AT THIS DATE.

DATE: - _____

SIGNATURE OF APPLICANT: - _____