

# CHILTERN TRANSPORT

**PLEASE NOTE:**

*ALL INFORMATION GIVEN WILL BE TREATED AS STRICTLY CONFIDENTIAL.*

Surname: .....

Forenames: .....

Date of Birth: .....

No	QUESTION	CIRCLE ANSWER AS APPROPRIATE	
		YES	NO
1	Are there any reasons (medical or otherwise) why you <b>would not</b> be unable to carry out strenuous physical work including bending, lifting and carrying ?	YES	NO
2	Do you have any eye or eyesight problems ?	YES	NO
3	Do you have any hearing problems or difficulties ?	YES	NO
4	Do you take any tablets or medication ? – if so what ? (answer at bottom of page)	YES	NO
5	Have you ever had any of the following ? a) Diabetes ? b) Tuberculosis ? c) Angina ? d) Any other heart trouble ? e) Raised blood pressure ? f) Peptic, gastric or duodenal ulcer ? g) Indigestion for more than one week ? h) Back trouble, lumbago, sciatica, “slipped disc”? i) Epilepsy, recurring blackout or fits ?	YES YES YES YES YES YES YES YES YES	NO NO NO NO NO NO NO NO NO
6	Have you ever had any of the following during the past five years:- a) Bronchitis, asthma, pneumonia ? b) Dermatitis, eczema or other skin trouble ?	YES YES	NO NO
7	Do you suffer from any of the following:- a) Migraine or severe recurring headaches ? b) Anxiety, depression or any other nervous complaint ? c) Fainting attacks or giddiness ? d) Ear trouble, discharging or infected ear ? e) Kidney trouble or urinary infection ?	YES YES YES YES YES	NO NO NO NO NO
8	Have you ever had any operations requiring hospital admission for more than five days ?	YES	NO
9	Have you ever been off work continuously for more than a month during the last 5 years ?	YES	NO
10	Have you ever had to give up any previous job for medical reasons ?	YES	NO
11	Do you have any other disability or serious illness ?	YES	NO
12	Have you ever received compensation or a disability pension ?	YES	NO
13	Have you consulted your doctor in the past 12 months regarding your health ?	YES	NO
14	If you have circled any answers Yes from questions 1 to 13 please give brief details:		

**Declaration:**

I have read and understood the above questions and have answered them truthfully to the best of my knowledge: -

Signed:.....

Date:.....