



Papillon
Holidays
Ltd

STAFF HEALTH QUESTIONNAIRE

CONFIDENTIAL

Post applied for _____

Name _____

D o b _____

N I Number _____

Address

Place of birth _____

G.P NAME AND ADDRESS

Please tick appropriate box	Yes	No
Have you ever been refused employment due to ill health?		
Are you registered disabled?		
Have you been sick for more then one week in the last two years?		
Have you ever suffered with the following?		
Headaches / migraines		
Colour blindness		

Raised blood pressure		
Epilepsy		
Fainting or dizziness		
Asthma, hay fever or other breathing problems		
Chest pains, infections		
Heart disease		
Circularity diseases including varicose vanes		
Skin diseases		
Hearing problems		
Back or neck injury		
Mobility problems		
Diabeaties hernia or rupture		

Have you ever suffered from any psychiatric illness, nervous troubles, stress related illnesses, eating disorders, phobias,

How much alcohol if any do you drink per week _____

Have you ever been treated for an alcohol related illness

Do you smoke? If yes how much per day _____

Have you ever had any of the following?

- Chicken pox
- Shingles
- Hepatitis
- Typhoid
- Malaria
- Herpes
- Salmonella

Are you currently undergoing any medical treatment?

Have you been immunised against the following

- Tetanus
- Hepatitis B
- Tuberculosis

Is there any other medical information you wish to tell us about your self

Declaration

I declare that the information I have given on this form is true to the best of my knowledge

Signature _____ Date _____

Print _____