

Macmillan Caring Locally pre-volunteering Health Questionnaire

<b>Please answer all of the following questions by ticking the boxes. The answers to your questions will help us to risk assess your voluntary role to ensure that we provide a safe working environment for you to support our charity.</b>		<b>Yes</b>	<b>No</b>
1	Are you on a hospital waiting list for investigation or treatment?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you regularly attending a hospital, community clinic or seeing a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are you suffering from or have you ever suffered from:</b>		<b>Yes</b>	<b>No</b>
3	Any conditions relating to your heart or circulation ?	<input type="checkbox"/>	<input type="checkbox"/>
4	Any respiratory problems ? (e.g Asthma)	<input type="checkbox"/>	<input type="checkbox"/>
5	Any psychological problems ? (e.g nervous breakdown/depression)	<input type="checkbox"/>	<input type="checkbox"/>
6	Any eyesight condition that cannot be corrected by wearing spectacles or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
7	Any ongoing hearing problems or ear disorders? (e.g Tinnitus)	<input type="checkbox"/>	<input type="checkbox"/>
8	Any ongoing bone, muscle or joint problems? (e.g Recurrent back pain/Arthritis)	<input type="checkbox"/>	<input type="checkbox"/>
9	Any skin diseases or conditions that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
10	Any gastro-intestinal or abdominal problems? (e.g Hernia/Gall Stones)	<input type="checkbox"/>	<input type="checkbox"/>
11	Any blood or metabolic disorders? (e.g Anaemia/Diabetes)	<input type="checkbox"/>	<input type="checkbox"/>
12	Any neurological conditions? (e.g severe headaches/vertigo/epilepsy)	<input type="checkbox"/>	<input type="checkbox"/>
13	Any long term or debilitating illness? (e.g Multiple Sclerosis)	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you carry an epi-pen?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any kind of chronic health condition or disablement? <i>(If yes an Occupational Health Assessment will be required)</i>		<input type="checkbox"/>	<input type="checkbox"/>
If applicable, please provide details of your chronic health condition or disablement.			
Do you consider yourself to be generally fit and well?		<input type="checkbox"/>	<input type="checkbox"/>
Do any of the conditions marked above prevent you from undertaking your normal activities of daily living including a voluntary role at the Emporium or The Grove Hotel?		<input type="checkbox"/>	<input type="checkbox"/>

<b>Your Name</b>	
<b>GP Name:</b>	
<b>GP Address:</b>	
<b>Post Code</b>	
<b>Telephone:</b>	

I consent to you contacting my GP regarding my health conditions.  Yes  No

Thank you for completing this Health questionnaire. This questionnaire will form part of the overall recruitment process.

Signed ..... Print name ..... Date .....