FAMILY WISE LTD

Employee Medical History Form

Personal Details

Title (Mr/Mrs/Ms)	
Full Name	
Date of Birth	
Doctor or Medical Practice Name	
Doctor or Medical Practice Tel. No.	
Address	
Post Code	

Next of Kin Details

Name of Next of Kin	
Relationship to Employee	
Telephone Number	
Address	
Post Code	

Current or Recurring Medical Conditions:

Name	Description

Vaccinations (incl Covid)

Vaccine	Date	Dose

EMPLOYEE MEDICAL HISTORY FORM cont.

Please list any prescription and non-prescription medications you are taking:

Name	Description

Please list any drug or food allergies, intolerances, or sensitivities:

Name	Description

Have you ever suffered from, been told you have, or currently have any of the following? (please circle)

Description	Yes / No
Lung disorder	Yes / No
High blood pressure	Yes / No
Nervous system disorder	Yes / No
Disease or disorder of the digestive tract	Yes / No
Any form of cancer	Yes / No
Type 1 diabetes	Yes / No
Type 2 diabetes	Yes / No
Arthritis	Yes / No
Hepatitis	Yes / No
Malaria	Yes / No
Aids	Yes / No

If you have answered yes to any of the above, please give details:

If you have suffered from, been told you had or currently have any of the following, please describe:

Name	Yes / No	If you answered yes to either of the following questions, please give details:
Any eye conditions / vision disorders	Yes / No	
Any hearing disorders or loss	Yes / No	
Any disease or disorder of the blood	Yes / No	
Any physical defect of deformity	Yes / No	
Any life-threatening conditions	Yes / No	
Any contagious disorders	Yes / No	

Have you been treated by a doctor or been hospitalised or been disabled during the last 12 months?

Reason	Description

Have you had or been advised to have any surgical operations within the last five years?

Reason	Description

Family History – please list any important medical conditions of your parents?

Mother	
Father	

Please let us know if any other relevant medical or health information you with to disclose:

Employee Signature: _____

Date: _____

Please request and complete a new form if your personal details or medical history changes.