

Staffing Match provides specialist recruitment and outsourcing solutions for the logistics and food sectors. This involves placements and engagements in warehouses, distribution centres and food production facilities. The work required includes the use of heavy items, warehouse machinery and the handling of food. Manual lifting, the handling of heavy items and food are intrinsic functions of the roles available with Staffing Match therefore, it will not be possible for these tasks to be avoided. As a result of this, Staffing Match is required to ask you a series of necessary questions about your health for the purpose of establishing whether you are able to perform those functions (with reasonable adjustments if you are disabled, if required). Staffing Match is also aware of its duty to make reasonable adjustments for disabled job applicants during the recruitment process, and these questions are necessary for establishing whether such adjustments are required.

Staffing Match is fully aware of its obligations under the Equality Act 2010 in respect of the request for this information, and acts fully in compliance with the provisions of that legislation.

Please answer all questions and sign where indicated. The information you provide on this form will be treated with the highest levels of confidentiality. Please circle the appropriate boxes –

1. Do you suffer from or previously suffered from any of the following:

ALLERGIES	YES:	NO:	COMMENTS: _____
ANGINA	YES:	NO:	COMMENTS: _____
ASTHMA	YES:	NO:	COMMENTS: _____
ARTHRITIS	YES:	NO:	COMMENTS: _____
BACK, NECK OR SHOULDER PAIN	YES:	NO:	COMMENTS: _____
BRONCHITIS	YES:	NO:	COMMENTS: _____
BLADDER OR KIDNEY INFECTION	YES:	NO:	COMMENTS: _____
COLOUR BLINDNESS	YES:	NO:	COMMENTS: _____
DEFECTIVE VISION (That cannot be corrected by Spectacles)	YES:	NO:	COMMENTS: _____
DEPRESSION	YES:	NO:	COMMENTS: _____
DERMATITIS, PSORIASIS OR ECZEMA	YES:	NO:	COMMENTS: _____
DISCHARGE FROM, OR INFECTION OF THE EARS	YES:	NO:	COMMENTS: _____
DIABETES	YES:	NO:	COMMENTS: _____
DIARRHOEA, DYSENTERY OR FOOD POISONING	YES:	NO:	COMMENTS: _____
EPILEPSY	YES:	NO:	COMMENTS: _____
FAINTING OR BLACKOUTS	YES:	NO:	COMMENTS: _____
FREQUENT SORE THROAT	YES:	NO:	COMMENTS: _____
HAY FEVER	YES:	NO:	COMMENTS: _____
HEARING DIFFICULTIES	YES:	NO:	COMMENTS: _____
HEART CONDITIONS	YES:	NO:	COMMENTS: _____
HEPATITIS OF TYPHOID	YES:	NO:	COMMENTS: _____
HERNIA OR RUPTURE	YES:	NO:	COMMENTS: _____
HIGH BLOOD PRESSURE	YES:	NO:	COMMENTS: _____
IRRITABLE BOWEL DISEASE	YES:	NO:	COMMENTS: _____
MENTAL DISORDERS	YES:	NO:	COMMENTS: _____
NERVOUS DISORDERS	YES:	NO:	COMMENTS: _____
PERSISTENT HEADACHE OR MIGRAINE	YES:	NO:	COMMENTS: _____
RAYNAUD'S DISEASE	YES:	NO:	COMMENTS: _____
RECURRING CHEST PAIN	YES:	NO:	COMMENTS: _____

RECURRING GASTRIC PROBLEMS	YES:	NO:	COMMENTS: _____
RHEUMATISM	YES:	NO:	COMMENTS: _____
SCARLET FEVER OR RHEUMATIC FEVER	YES:	NO:	COMMENTS: _____
SHORTNESS OF BREATH <small>(Brought on by moderate exertion)</small>	YES:	NO:	COMMENTS: _____
SKIN PROBLEMS OR RASHES	YES:	NO:	COMMENTS: _____
STOMACH OR DUODENAL ULCERS	YES:	NO:	COMMENTS: _____
TUBERCULOSIS	YES:	NO:	COMMENTS: _____

1. If you are currently receiving any treatment from your Doctor or Hospital, or taking any medication which may affect your ability to perform the intrinsic requirements of the role, please provide details:

2. How many weeks absence from work, due to sickness or injury, have you had in the last 2 years?

Upto 3:    4+:    8+:

3. Have you travelled abroad in the last 12 weeks?

YES:

NO:

If 'YES', Please state when and where:

4. Are you able to work nights

YES:

NO:

If yes, please answer questions 6 and 7

If 'NO', please state why:

5. Are SM Global Consultancy Ltd required to make any adjustments on your behalf whilst you work nights?

YES:

NO:

6. Have you in the past year had to consult your GP with any medical condition which may relate to working nights?

YES:

NO:

If 'YES', please provide details:

I understand and agree that the information sought in this questionnaire is necessary due to intrinsic requirements of the role for which I'm applying. I conform that the information I have given on this form is, to the best of my knowledge and belief true and correct.

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

COMMENTS