



Respiratory Sensitiser and Sight Questionnaire

Please complete the questionnaire below. The information is requested with your interest in mind. You will be required to undergo a pre-employment review by our Occupational Health Advisors.

This information will be kept separate from your application form, and will be treated in the strictest confidence.

Have you at present any chest problem such as periods of breathlessness, chest tightness or persistent coughing?	Yes / No
Do you or have you ever suffered from Asthma?	Yes / No

Have you ever worked:-		If Yes, for how long?
In a coal mine	Yes / No	
In a foundry or steelworks	Yes / No	
In a quarry	Yes / No	
With asbestos	Yes / No	
With other dust (specify)	Yes / No	

Have you ever been exposed to an irritant gas?	Yes / No
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Do you have or have you ever had (excluding isolated colds, sore throats or flu):	
Recurring soreness of or watering of eyes?	Yes / No
Recurring blocked or running nose?	Yes / No
Bouts of coughing?	Yes / No
Chest tightness?	Yes / No
Wheezing?	Yes / No
Breathlessness?	Yes / No
Any other persistent or history of chest problems?	
If the answer if "Yes" to any of the above, please give more details below:	

Are you Colour Blind?	Yes / No
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To the best of my knowledge and belief the information given above is correct. I understand that if I am appointed and this information is inaccurate, I am liable to dismissal.

Signature:	Date:
Name:	Date of Birth:

This information is protected by the Data Protection Act 1998 and will be handled accordingly