

CONFIDENTIAL

CLIMBERS/RIGGERS HEALTH ASSESSMENT

The purpose of this questionnaire is to assess if you have a health condition which could affect your ability to perform work at height and is a requirement of the Working Time Regulations 1998.

PLEASE COMPLETE IN BLOCK CAPITALS AND BRING TO YOUR MEDICAL :

SECTION 1 – PERSONAL DETAILS

Mr / Mrs / Miss / Ms (Please state) * please delete as applicable

Surname:

Forenames:

Home Address:

Postcode:

Work Tel No:

Home Tel No.

Email:

Date of Birth:

SECTION 2 – MEDICAL PRACTITIONERS DETAILS

General Practitioner Details

Surname:

Address:

Tel No:

SECTION 3 – EMPLOYMENT DETAILS

Job Title:

Line Manager:

Nature of work:

(please describe your duties)

Employed since:

Hours Worked Per week:

SECTION 4 – MEDICAL IN CONFIDENCE

Do you have any of the following health conditions?

a. Asthma or any other respiratory disorder ?

Yes ☐ No ☐

b. A heart or cardiovascular condition ie. Heart Attack, Angina or raised blood pressure If so please detail below.

Yes ☐ No ☐

c. Stomach or digestive disorders ie. An ulcer? If so please detail below.

Yes ☐ No ☐

d. Chronic bowel disorder? If so please detail below.

Yes ☐ No ☐

e. Diabetes? If yes, how is it controlled ie. Diet/tablets/insulin?

Yes ☐ No ☐

f. Epilepsy ? If so please detail below.

Yes ☐ No ☐

g. A mental health problem ie. Anxiety, depression? If so please detail below.

Yes ☐ No ☐

h. Any urinary problems.

Yes ☐ No ☐

i. Are you taking any regular medication? If so please detail below.

Yes ☐ No ☐

i. Any sleep problems affecting your ability to work ?

Do you fall asleep or become drowsy when working?

Yes ☐ No ☐

j. Do you have any other health factors that may affect your ability to work at HEIGHTS?

If so please detail below.

Yes ☐ No ☐

k. How many units of alcohol do you drink a week? _____

l. Have you taken drugs for other than medicinal purposes in the last 6 months?

Yes ☐ No ☐

SECTION 6 – DECLARATION

Signed: _____ Date: _____

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Yes /
No

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Yes / No

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Occupational Health & Safety Assessment