



Policy:	New Employee Medical Questionnaire	Reference:	NEMQSES0073
		Review Date:	05/2023

SES Engineering (Newark) Ltd will not contact your doctor without prior written consent.

Name:		
Address:		
Contact Number:		
Contact Email Address:		
How many days have you had from work in the last 3 years?		
How many days sickness absence have you had in the last 3 years? State why....		
Please note your immunisation history below, and provide documentation if possible:		
Are you currently taking any medication?	Yes:	No:
If yes, please give further details on what the medication is for and how often medication is administered:		
Have you spent any time in hospital in the last 3 years?	Yes:	No:
If yes, please give further details:		
Do you suffer from any injury, medical condition or allergy which might affect your ability to perform your duties?	Yes:	No:
If yes, please give further details:		



Do you consider yourself to have a disability?	Yes:	No:
If yes, please give further details:		

Data Protection Notice:

SES Engineering (Newark) Ltd requires certain information before you commence your employment, to ensure that you will be able to perform the requirements of the job, to give reliable service and ensure compliance with relevant Health & Safety Regulations. This information is required in order to establish whether any reasonable adjustments may need to be made to assist you in performing your duties, in accordance with the Disability Discrimination Act 1995. The information will be treated with the strictest confidence in compliance with the Data Protection Act 1998.

I confirm that the information above is complete and accurate to the best of my knowledge. I consent to SES Engineering (Newark) Ltd collecting and retaining this information in accordance with the Data Protection Act 1998.

Signature:	Date:
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