AURAretrofit

hello@auraretrofit.co.uk • 02392 252 171 • www.AuraRetrofit.co.uk
Bridgwater House, Unit 2 Haywards Business Centre,
New Lane, Havant, Hampshire PO9 2NL

Home Heating and Energy Solutions

PRIVATE AND CONFIDENTIAL

Annual Health Questionnaire

EMPLOYEE DETAILS			
Full Name:		Date of Birth:	
Email:		Mobile:	
Address:			
		Postcode:	

NEXT OF KIN CONTACT DETAILS			
Full Name:		Relationship:	
Email:		Mobile:	
Address:			
		Postcode:	

Do you experience any of the following symptoms?		**Y**	**N**	**Please give details**
Hearing	Hearing Defects / Hearing Loss			
	Tinnitus			
	Recurrent Headaches, Migraine			
	Other Ear conditions			
Breathing	Coughing or Wheezing			
	Asthma			
	Bronchitis, tuberculosis or other chest diseases			
	Any other Breathing difficulties			
Skin	Itching of Skin			
	Redness of the Skin			
	Excessive dryness of the Skin			
	Blistering of the Skin			
Vibration	Tingling in the hands			
	Numbness in the hands			
	Loss of dexterity or control of your hands			
	Loss of strength in the hands			
	Muscle or tendon pain in the hands or wrists			

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	Loss of dexterity or control of your hands?			
	Loss of strength in the hands?			
	Muscle or tendon pain in the hands or wrists?			
Do you experience any of the following symptoms?		**Y**	**N**	**Please give details**
Back	Do you suffer from any back aches or problems?			
	Have you ever been diagnosed with any back problems such as sciatica, slipped disc etc?			
	Have you had any back injuries in the last year?			
	Other Back conditions?			
Other	Are there any other health conditions not mentioned on this form that you would like to bring to our attention?			
	Have you been to the doctor in the last year due to any of the above or anything that may affect work?			

Additional Information	

It is our duty as your employer to monitor the potential health effects of the work you do. We are required to do this by law and so will ask you to complete this form every year. If you start to have any problems after filling in the form, please let us know straight away.

Declaration			
I declare that to the best of my knowledge and understanding the information I have provided on this form is both correct and accurate.			
Signature:		**Date:**	