



Occupational Health Questionnaire

Your answers to this questionnaire are **CONFIDENTIAL** to DARA's management team and will not be disclosed without your written permission.

The aim of this questionnaire is to establish whether you have any health problems that might stop you from performing your duties as a drug and alcohol counsellor. Any job offer is subject to occupational health clearance.

Our aim is to support our staff to the best of our ability and to ensure that they can work in a healthy and safe environment.

We may require further clarification on certain aspects of this questionnaire.

Surname: First Name:

Male: Female: Date of Birth: / /

Name of General Practitioner (GP): Tel Number of GP:

Address of GP:

1. Do you have any illness/impairment/disability (physical or psychological) that may affect your work?

Yes No

If yes, please give details below:

2. Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?

Yes No

If yes, please give details below:

3. Are you having or waiting for treatment (including medication) or investigations at present?

Yes No

If yes, please provide further details of the condition, treatment and dates below:



4. Do you think you may need any adjustments or assistance to help you to do the job?

Yes No

If yes, please give details below:

5. Please state the number of your sick days within the last 12 months. If you were employed less than 12 months, please state the number of days you were in employment including your sick days in the last 12 months.

6. Have you ever accessed drug and alcohol services?

Yes No

If yes, please provide further details below, including when and where, your current status of drug and alcohol use, and your drug and alcohol free time:

7. Any other health related issues that we might not have covered