OpusHealth

FORK LIFT TRUCK DRIVERS QUESTIONNAIRE

Company:

Name

Date of Birth:

Job Title

Department

Hours per week driving

Type of Fork Lift Truck:

Have you ever suffered from the following:

Been away from work for > 3 weeks on sick leave	☐ Yes	☐ No
Suffered from dizziness, fainting attacks or blackouts	☐ Yes	☐ No
High blood pressure	☐ Yes	☐ No
Chest pains or angina	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Epilepsy	☐ Yes	☐ No
Head injury or been knocked unconscious	☐ Yes	☐ No
Depression, anxiety or stress	☐ Yes	☐ No
Eye disease or past eye injury	☐ Yes	☐ No
Ear injury/frequent ear infections or hearing loss	☐ Yes	☐ No
Are you taking any medication	☐ Yes	☐ No
Do you drink alcohol	☐ Yes	☐ No
Do you take regular exercise	☐ Yes	☐ No
Do you have any back or joint problems	☐ Yes	☐ No

Other relevant information:

Do you have a full driving licence? ☐ Yes ☐ No

Employee Declaration

I declare that the information given in this document is true and complete to the best of my knowledge, and that I understand that failure to disclose information may affect my employment.

I consent to undertaking Breathing Apparatus Medical and the results being submitted and discussed with my company management, with a report being sent by the Occupational Health provider to my GP if necessary.

Signature:

Date:

OpusHealth

FORK LIFT TRUCK DRIVERS QUESTIONNAIRE

For office use only:

Height:

Weight:

BMI:

Pulse:

BP:

Other Information:

Urine:

Hearing Test Results:

Date of Last Test:

Category:

Eye Test Results:

Date of Last Test:

Visual Fields Completed? ☐ Yes ☐ No

Result:

Signature:

Date: