



MOBILE ELEVATED WORK PLATFORM QUESTIONNAIRE

Name:

Date of Birth:

Job Title:

Department:

Company:

Hours per week using MEWP

Have you ever suffered from the following:

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

Other relevant information (any recent illnesses/ops/family history):

Do you have a full driving licence?

☐ Yes ☐ No

Employee Declaration

I consent to undertaking a Mobile Elevated Work Platform Examination and a standard pro-forma being provided to management confirming the results of this examination.

Additional consent will be obtained should any result of this examination need to be discussed with Management.

By ticking this box ☐ you are signing an agreement to the following statements:

I declare that all the foregoing statements are complete and true to the best of my knowledge.

Signature:

Date: