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**PRE-OFFER MEDICAL QUESTIONNAIRE FORM**

**PRIVATE AND CONFIDENTIAL**

Name and address of candidate:

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Please answer the following questions in the space provided:

|  |  |  |
| --- | --- | --- |
|  | **Question** | **Answer** |
| 1 | Please state whether you have any specific requirements or require any adjustments in order to attend the interview/assessment on [date ........]\* |  |
| 2 | In relation to the job description [specification]\*\* of the role, do you have any physical, medical or health issue which may impact on your ability to carry out the role? |  |
| 3 | [We monitor diversity. Please confirm whether you have any physical or mental impairment which has an impact on your ability to carry out day-to-day activities or which may be a “disability” within the meaning of the Equality Act 2010]\*\* |  |
| 4 | [We require candidates with the following particular physical/mental condition for the role. ......... \* Please confirm that you have this condition.]\*\* |  |
|  |  |  |

**NOTES FOR EMPLOYERS**

\* Please complete as appropriate

\*\* Please delete if not relevant