

The Middleton Railway Trust Ltd

Pre-Medical Confidential Screening Form (Self Assessment)

Please complete the following using a **pen** or **ball-point**.

IMPORTANT. This questionnaire will be used to assess any potential health problems that you may have as a result of illness or disability. The report will only be seen by the Railway's Medical Officer who will advise Council of any potential problems highlighted that might interfere with the safe operation of the Railway.

The questionnaire is comprehensive and covers all grades of operational staff working on The Middleton Railway. The standard and fitness required will vary from job to job. In some situations it may be necessary to contact your General Practitioner for a formal medical opinion, but this would only be done with your permission.

Please complete the following, where applicable.

SURNAMETitle

FORENAME

Date of birth

Address

.....

Post Code

Telephone Numbers(home)

.....(business)

.....(mobile)

Email Address

Name and address of General Practitioner.

.....

.....

.....

Postcode

Telephone number

Normal Occupation (or previous occupation if retired)

ROLES: Which of the following tasks do you currently undertake or **hope to train for** in the next twelve months? Please circle **ALL** of these clearly. **Please note** that volunteers will be required to undergo a medical before they undertake duties as a driver, fireman and second man.

Operations: Cleaner Shunter Second Man Fireman Guard Diesel Driver Steam Driver

Other: Workshop maintenance Shop

Do you consider that your health has significantly changed since your last review? Yes / No
(Ignore if this is the first questionnaire you have completed.)

Please complete the following

		Yes / No
1	Do you have any of the following lung diseases? Recurrent bronchitis Asthma Emphysema Other. Please specify.	
2	Do you have treatment for any of the following? Blood Pressure Angina	
3	Do you smoke?	
4	Have you ever had a heart attack?	
5	Do you have any other heart condition? Please specify.	
6	Do you suffer from, or have you had any treatment for fits, fainting, dizziness or blackouts? Please specify.	
7	Have you ever had a stroke or mini stroke?	
8	Do you have a kidney or bladder disorder? Please specify.	
9	Do you have any problems with the stomach, bowel, liver or abdomen lasting more than 1 month? Please specify.	
10	Do you have a hernia?	
11	Do you have any condition, lasting more than 1 month, which has affected your throat or ears? Please specify.	

		Yes / No
12	Do you wear glasses or contact lenses? If so please give the date of your last eye test.	
13	Do you have any colour blindness?	
14	Do you have any problems with your eyes, apart from wearing glasses or contact lenses? Please specify.	
15	Do you have any problems with your hearing?	
16	Do you wear a hearing aid?	
17	Are you diabetic?	
18	Have you ever had any major operations? Please specify.	
19	Have you had any injury causing more than 2 weeks off work or leaving continuous symptoms? Please specify.	
20	Do you have back problems (lasting for more than 1 month)?	
21	Do you need any walking aids? Please specify.	
22	Do you have any physical disability? Please specify.	
23	Do you have any problems with joints, tendons or muscles lasting more than 1 month, including arthritis, gout or rheumatism? Please specify.	
24	Do you have any mental illness lasting more than 1 month, including depression, anxiety or severe stress? Please specify.	
25	How many units of alcohol do you drink on average in a week?	
26	Do you have problems related to drug or alcohol misuse? Please specify.	
27	Do you have a sleep disorder including sleep apnoea or narcolepsy? Please specify.	

		Yes / No
28	Do you have any illness or condition, lasting more than 1 month, which is not included above? Please specify. 	
	If you are taking any medication please list these below giving details of the dose and frequency of administration.	

Please read the following carefully before signing.

1. I declare that the above answers are, to the best of my belief, true and correct in every respect.
2. I understand that I may be asked to give the Middleton Railway's Medical Officer, or other named officer, permission to contact my own Doctor for further information if this should prove necessary.
3. I agree to undergo a medical examination if this is required before working on the Railway or if there is a subsequent requirement to do so.
4. Signed

Date

When this form is completed, please put it in the sealed envelope provided. The forms will only be seen by the Medical Officer. Your details will **not** be made known to any other Officer without your permission.

Thank you for your co-operation.