UNIVERSITY OF CAMBRIDGE

OHF07

CONFIDENTIAL

Occupational Health

Fork Lift Truck (FLT) Drivers Health Assessment Form

Surname: ..... Mr / Mrs / Miss / Ms / Dr / Prof / Other:

First names: ..... Date of Birth: ..... Age: .....

Home Address: .....

Department/College: .....

Job title: ..... Supervisor: .....

Home tel: ..... Work tel: .....

Mobile: ..... Email: .....

Data Protection Information

The information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of your occupational health record. For full details of how your personal information is used by the University Occupational Health Service, please see http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement

Number of years driving a fork lift truck:

At University: .....

Elsewhere: .....

Medical History

Do you, or have you ever had:	**Yes**	**No**
a) Diabetes mellitus?	☐	☐
b) Musculo-skeletal or mobility problems?	☐	☐
c) Heart problems or surgery, e.g. raised blood pressure, angina, chest pains, myocardial infarction (heart attack),palpitations, swollen ankles?	☐	☐
d) Epilepsy, blackouts or impaired consciousness?	☐	☐
e) Cerebrovascular disease, stroke or transient ischaemic attack (TIA)?	☐	☐
f) Vertigo/dizziness or other neurological condition?	☐	☐
g) Hearing loss?	☐	☐
h) Vision problems or surgery?	☐	☐
i) Mental health problems, e.g. anxiety, stress, depression, nervous disorders, alcohol, drug, or any other substance dependency?	☐	☐
j) Sleep disorder?	☐	☐
k) Any other health problem or regular medication or recent changes to your health?	☐	☐

If *yes* to any of the above, give details, *i.e. when condition developed, severity, its affect on you, how well controlled, names of medication, treatment*:

When did you last see your GP – what for? Has it resolved?

Do you hold a current driving licence? Yes ☐ No ☐

Declaration

I certify that all the answers given above are true to the best of my knowledge and belief. I understand that no medical details will be divulged without my permission to any person outside Occupational Health, but an opinion about fitness to drive will be issued to management.

Signed: ..... Date: .....

For office use only:

Name:……DOB:……

Date of last fork lift truck health assessment:

OHA comments from the employee questionnaire:

Visual acuity:

Distance/far vision:

Right: 6/ - Corrected / Uncorrected Left: 6/ - Corrected / Uncorrected

Near vision:

Right: 6/ - Corrected / Uncorrected Left: 6/ - Corrected / Uncorrected

Peripheral Vision:

Blood pressure:

Pulse:

Urinalysis:

Comments:

Fit to continue operating fork lift trucks Yes ☐ No ☐

Fit to continue, but requires optician / GP referral (*please circle which*) Yes ☐ No ☐

OHP referral Yes ☐ No ☐

Next review date: _____

Every five years from age 45

Every year from age 65

OHA signature: _____ Date: _____

Print name / stamp: _____