

HEALTH MONITORING QUESTIONNAIRE

Assessors Name:

Assessment Date:

Name of Person Assessed:

Date of Birth:

Payroll Number:

Job Title:

Change of Duties:

Have you changed your duties since you last completed this health questionnaire? If yes, please outline these changes.

Recent Experience:

Q1	Is there currently any movement or activity that causes you pain in your back?	
Q2	Have you suffered any back/neck/shoulder pain in the last 12 months?	
Q3	On scale of 0 – 10 please describe the level of pain experienced, 0 being no pain.	
Q4	Have you had to take any medication to deal with the pain experienced?	
Q5	Have you had to seek medical advice regarding this pain?	
Q6	Has this back/neck/shoulder pain resulted in time off from work?	
Q7	Have you had any accidents or injury to your back in the last two years?	
Q8	Do you have any special needs or health restrictions?	

To be Completed by the Employee:

I certify that all the answers given above are true to the best of my knowledge and belief.

Signature of the person assessed:

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Notes:

Q3. If the person's severity of pain is above 5, or, if they have pain which they rank with a severity of less than 5 on three consecutive assessments, then refer on for further advice.

If the answer is, yes, for any of the questions between 4 and 7, then further advice should be sought from an occupational health professional or GP.

Action/Advice

Referral for further advice?

Other advice provided?

To be Completed by the Assessor:

I have carried out this employee assessment on this date:

Assessors Signature: