



**HEDDLU GOGLEDD CYMRU**  
Gogledd Cymru diogelach  
**NORTH WALES POLICE**  
A safer North Wales

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# MEDICAL HISTORY QUESTIONNAIRE FOR A VOLUNTEER



**CONFIDENTIAL (WHEN COMPLETED)**

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**PLEASE RETURN COMPLETED QUESTIONNAIRE  
USING THE ENVELOPE PROVIDED.**

# Medical Questionnaire for a Volunteer

For official use only  
Candidate number:

## Applicant's Details

Surname:	<input type="text"/>	Mr	Ms	Mrs	Miss	Dr	Mx	(tick appropriate title)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forename:	<input type="text"/>	Date of Birth:		<input type="text"/>				
House No/Name:	<input type="text"/>	Street Name:		<input type="text"/>				
District:	<input type="text"/>	Town/City:		<input type="text"/>				
County:	<input type="text"/>	Postcode:		<input type="text"/>				
Telephone No:	<input type="text"/>							
Email:	<input type="text"/>							

Completion of this form will enable North Wales Police to make a general assessment as to your suitability for the role you have volunteered for, and allow the Force to deal with any health and safety requirements. A 'Yes' answer does **not** mean that you cannot undertake voluntary service with North Wales Police. You may be contacted if further details are required.

## 1. Medical Conditions

You are asked to indicate whether you currently have or have ever had any of the following medical conditions:	YES	NO
1. Epilepsy, fits, blackouts, fainting turns, unexplained loss of consciousness or vertigo	<input type="checkbox"/>	<input type="checkbox"/>
2. Any disease of the heart or blood vessels (including chest pain, angina, heart attack)	<input type="checkbox"/>	<input type="checkbox"/>
3. High/Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
5. Severe breathing problems	<input type="checkbox"/>	<input type="checkbox"/>
6. Mental Health problems (e.g. anxiety or Depression)	<input type="checkbox"/>	<input type="checkbox"/>
7. Any problems with bones or joints including back, neck, knee sciatica, fracture, or recurrent dislocation of a major joint	<input type="checkbox"/>	<input type="checkbox"/>
8. Any hearing impairment including temporary deafness	<input type="checkbox"/>	<input type="checkbox"/>
9. Any visual defect including temporary visual problems	<input type="checkbox"/>	<input type="checkbox"/>
10. Allergies that could cause anaphylactic shock	<input type="checkbox"/>	<input type="checkbox"/>
11. Taking medication that could affect the ability to perform particular duties	<input type="checkbox"/>	<input type="checkbox"/>
12. Receiving medical attention from your GP or Consultant	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked 'Yes' to any of the previous conditions, please give details in the space provided overleaf. This will help the Occupational Health Team to clarify the significance or otherwise of a 'Yes' answer. Please ensure you give the correct medical condition number.

Medical Condition Number	Details of Medical Conditions. Please include date(s) of illnesses/conditions, frequency, duration, what treatment was given and by whom (e.g. hospital/GP) whether you are still undergoing treatment and length of absence from work/school (if appropriate)

**2. Other Medical Information**

Please detail any disability/ medical condition(s) not already mentioned. It should be noted that a disability does not necessarily preclude acceptance onto the Volunteer Scheme.

To be completed only by applicants who have current or previous service with North Wales Police (including agency staff). Have you ever been in contact with North Wales Police Occupational Health Unit for underlying medical condition? If YES please provide full details. YES  NO

**\*\*Please note you must also include information you may have previously disclosed to Occupational Health\*\***

**3. Declaration**

The information I have provided is accurate and I have not withheld any details. I understand that the giving of false information or withholding information could subsequently result in termination of my application and voluntary services.

I consent to this data being held by North Wales Police.

Signature  Date