

CONFIDENTIAL MEDICAL QUESTIONNAIRE FOR EMPLOYMENT OF CHILDREN TAKING PART IN ENTERTAINMENT/MODELLING

ALL QUESTIONS MUST BE COMPLETED

What is the name of your Local Council ? _____ OLDHAM COUNCIL _____

Child's Surname: _____ Forename(s): _____

Date of Birth: _____ Parent/Guardian Tel No: _____

Address: _____

Post Code: _____

School & Address: _____

Family Doctors Name: _____ Address: _____

Please answer all the following questions:

Has your son/daughter ever had any of the following: (If Yes, please circle)
Asthma / bronchitis / eczema & dermatitis / fits or convulsions / heart defects / glandular fever / diabetes / any other illness or defect which might affect his/her suitability for the proposed employment (please name):

Has your Son/Daughter any disabling condition? Yes/No (please give brief details)

Is your Son/Daughter well at present? Yes/No (please give brief details of any illness)

Has your Son/Daughter been seen by a doctor or hospital specialist in the past 12 months?
Yes/No (If yes, give reasons for examination)

Does your Child take any regular medication? Yes/No

Does your Child have hearing problems? Yes/No

Does your Child have poor vision? Yes/No

Is there any thing you would like the doctor to know? Yes/No

Please give details _____

I consider my Child fit to undertake this work Yes/No

Parents/Carers signature: _____ Relationship to Child: _____

Parents/Carers name: _____

Date: _____

PLEASE NOTE YOUR CHILD MAY BE CALLED FOR A MEDICAL EXAMINATION BEFORE A MEDICAL CERTIFICATE IS ISSUED TO CLEAR HIM/HER FOR EMPLOYMENT