



Health Questionnaire *IN CONFIDENCE*

We would be grateful if you would answer the following questions below.

Answering YES to any of the questions will not necessarily prevent you from becoming a volunteer with us but it is important that we are aware of any physical illness, mental health needs or disabilities so that we are best positioned to support you in your voluntary role.

- 1. Are you currently in good health? YES / NO
- 2. Are you usually in good health YES / NO
- 3. Have you ever suffered from or are currently suffering from:
 - Difficulties with vision which are not fully corrected by spectacles or contact lenses YES / NO
 - Difficulties with hearing YES / NO
 - Fits, epilepsy ,fainting, blackouts ,giddiness or loss of consciousness YES / NO
 - Mental health difficulties YES / NO
 - Angina/heart attack/ other heart conditions YES / NO
 - Diabetes YES / NO
 - Rheumatism or arthritis YES / NO
 - Difficulties with lifting and/or bending YES / NO
 - Difficulties with walking or using stairs YES / NO
 - Any other health concerns YES / NO

If you have answered **YES** to any of the above questions please could you supply further details below:

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Declaration and signature.

I declare that the information I have given is complete and accurate. I will inform Age UK Hillingdon of any changes in my health which could affect my work with AUKH. I give permission for this information to be shared with my Line Manager if appropriate.

Name:

Signature:..... Date:.....