CONFIDENTIAL WHEN COMPLETED

MEDICAL SELF ASSESSMENT FOR

BLUEBELL RAILWAY PLC – FULL STEAM AHEAD 2019

Name:	*Date of Birth:*
Address:	*Phone Number:* *e-mail:*

It is important to be complete and accurate with your answers to this questionnaire, although trivial matters should be ignored (e.g. one episode of transient dizziness whilst gardening two years ago).

	Tick one box for each question	**Yes**	**No**	**Don't Know**
1	Do you have Diabetes needing Insulin?	☐	☐	☐
2	Have you ever had Blackouts, fits, epilepsy, fainting attacks, recurrent dizziness, or any condition which may cause collapse or incapacity?	☐	☐	☐
3	Do you get discomfort or pain in the chest, or shortness of breath when exercising – e.g. when climbing a short flight of stairs?	☐	☐	☐
4	Do you have any difficulty in moving rapidly over short distances, including on slopes, steps or rough ground?	☐	☐	☐
5	Would you have difficulty in looking over either shoulder?	☐	☐	☐
6	Are you able to meet the legal eyesight standards for driving a car (with glasses or contact lenses, if normally worn)?	☐	☐	☐
7	Do you have any difficulty hearing a normal conversation (with hearing aid(s) if normally used)?	☐	☐	☐

	Tick one box for each question	Yes	No	Don't Know
8	Do you have any other impairment of ability to communicate effectively?	☐	☐	☐
9	Are you taking medication that could give you dizziness or drowsiness?	☐	☐	☐
10	Have you used drugs of abuse (not including alcohol or tobacco) or other substance abuse within the last 12 months?	☐	☐	☐
11	Have you had any illness related to alcohol in the last 12 months?	☐	☐	☐
12	Do you have difficulty with or reduction in attention or concentration?	☐	☐	☐
13	Do you suffer from any mental or nervous disorder (incl. 'nerves')?	☐	☐	☐
14	Has any doctor advised you to refrain from any work or other activity because of a medical condition, or because of any medication you are taking?	☐	☐	☐
15	Do you use hearing aid(s)?	☐	☐	☐
16	Do you have a current valid driving license? If no, is this owing to a medical condition	☐	☐	☐
17	If the answer to question 16 above is 'No', is this owing to a medical condition?	☐	☐	☐

The information provided above is complete and correct to the best of my knowledge

Signed:	*Date:*