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| **OPS08a** | **Lift Truck Driver Fitness to Operate** | | |
| **Unit Name:** |  | **Unit Number:** |  |
| **Driver Details** | | | |
| **Last Name:** |  | **First Name:** |  |
| **Date of Birth:** |  | **Contact Number:** |  |
| **Department:** |  | **Job Title:** |  |

* **Answer this questionnaire honestly to ensure that we can assess your fitness to drive a Lift Truck in order to keep yourself and others safe.**
* **The questions and conditions below are in relation to industry guidance on risk when driving and are in line with the DVLA guidance.**
* **The assessment is additional to any other health assessment undertaken via Compass Group UK & Ireland.**
* **Completed questionnaires are designed to identify possible areas of special need in relation to Lift Truck use. Any conditions noted will be assessed in confidence by our Occupational Health provider.**
* **Forward completed questionnaires to your line manager either in an email or envelope marked “Confidential”.**

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| **Health Questionnaire** |

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| **Do you suffer from any of the following conditions?** Please tick **YES** or **NO** for each?\* | **YES** | **NO** |
| 1. Diabetes |  |  |
| 2. Heart condition |  |  |
| 3. Epilepsy |  |  |
| 4. Any other condition that may cause blackouts of momentary loss of awareness |  |  |
| 5. Any vision impairment where an optician has advised that you should not drive |  |  |
| 6. Any hearing impairment that means you cannot hear audible signals or alarms |  |  |
| 7. Any medical condition requiring medication to a strict timetable |  |  |
| 8. Any other factors that might affect your fitness to drive |  |  |
| Are you taking any prescribed or self-administered medications |  |  |
| If yes, provide a list of the exact name and type of medication you are currently taking | | |

\*If you have answered **YES** to any of the questions above, please provide further details below

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| **Further Details** |

|  |  |
| --- | --- |
| **Question number** | **Details** |
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| **Employee Declaration** | | | |
| I declare that the information provided in this document is, to the best of my knowledge, true and complete, and that I understand that failure to disclose information may affect my employment. | | | |
| **Signature:** |  | **Date:** |  |

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| **Manager Review** | | | |
| If the employee has answered **YES** to any of the questions above, you must contact your HSE Manager or HSE Lead before adding them to the Authorised Driver Register. | | | |
| **Signature:** |  | **Date:** |  |