BEDFORD SCHOOL Mohali

PRE-EMPLOYMENT HEALTH QUESTIONNAIRE –

Confidential – To be Completed by the Candidate

Candidate Name:.....

Position Applied For:.....

Date:.....

This health questionnaire is intended to assess your ability to perform the essential duties of the role. Your responses will be kept strictly confidential and used only for occupational health purposes in line with relevant laws.

SECTION 1: GENERAL HEALTH

1. Are you currently under the care of a physician for any ongoing health condition?

   ☐ Yes ☐ No

   If yes, please specify (you may write "available upon request" if preferred):

   .....

2. Have you had any serious illnesses, surgeries, or hospitalizations in the last 5 years?

   ☐ Yes ☐ No

   If yes, please describe briefly:

   .....

3. Do you take any medication that may affect your ability to work (e.g. alertness, stamina, mood)?

   ☐ Yes ☐ No

   If yes, please list (optional or provide for occupational health review):

   .....

4. Have you been diagnosed with any chronic health conditions (e.g., diabetes, hypertension, asthma)?

   ☐ Yes ☐ No

   If yes, please specify:

   .....

5. Do you have any workplace health concerns you'd like to report?

   ☐ Yes ☐ No

   If yes, please specify:

   .....

SECTION 2: MENTAL WELL-BEING

1. How would you rate your current stress level?

   ☐ Low ☐ Moderate ☐ High ☐ Very High

2. Have you experienced any symptoms of burnout, anxiety, or depression recently?

   ☐ Yes ☐ No

   If yes, please describe briefly:

   .....

SECTION 3: FUNCTIONAL CAPABILITIES

1. Do you have any physical or mental health condition that may impact your ability to:

   - Work full-time?

     ☐ Yes ☐ No

   - Communicate effectively with staff, students, and parents?

     ☐ Yes ☐ No

   - Handle stressful or high-pressure situations?

     ☐ Yes ☐ No

   - Make sound decisions in an educational environment?

     ☐ Yes ☐ No

   If yes, please describe briefly:

   .....

2. Are there any duties of a school principal you believe you would need assistance to perform?

   ☐ Yes ☐ No

   If yes, please describe briefly:

   .....

DECLARATION

I declare that the information I have provided is true and complete to the best of my knowledge.

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

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