

# Mitchells & Butlers

## DC Choice medical questionnaire

(To be completed by the employee and returned to BlackRock in the envelope provided).

The purpose of this questionnaire is to establish your good health to become eligible for lump sum life assurance and ill-health benefits under DC Choice - a section of the Mitchells & Butlers Pension Plan. You may also be asked to participate in a medical assessment.

You will be informed when you become eligible for these benefits. You will also be notified if these benefits are restricted or refused and have a right to appeal any such decision. Any such decision does not affect your entitlement to pay contributions for retirement benefits.

It is important that your answers are complete and accurate and you will be asked to sign a declaration indicating that you have answered the questions truthfully to the best of your knowledge. It should be noted that this questionnaire is only to assess your current eligibility for lump sum life assurance and ill-health benefits from DC Choice.

### Personal Details

<b>Full name</b>		
<b>Sex (delete as appropriate)</b>	Male/Female	
<b>Address</b>		
<b>Post Code</b>		
<b>Home Telephone Number</b>		
<b>National Insurance Number</b>		<b>Date of Birth</b>
<b>GP Name</b>		
<b>GP Address</b>		
<b>GP Telephone Number</b>		
<b>Job Location</b>		
<b>Job Title</b>		

## CURRENT HEALTH AND FITNESS

Are you currently in good health?				<b>Yes</b>	<b>No</b>
Do you know of any medical reason why you may be off work in the next 12 months?				<b>Yes</b>	<b>No</b>
Have you a disability of any nature that may affect your day to day living or work?				<b>Yes</b>	<b>No</b>
How tall are you without shoes?	<b>Ft</b>	<b>ins</b>	or	<b>cms</b>	
How much do you weigh with indoor clothes	<b>St</b>	<b>lbs</b>	or	<b>kgms</b>	
Do you smoke?				<b>Yes</b>	<b>No</b>
If Yes, how many on average per day:					
<b>Cigarettes</b>	<b>Cigars</b>	<b>Pipes? (grams)</b>			
If an ex-smoker, how long since you stopped smoking?					
Whilst a smoker how much on average did you smoke per day?					
<b>Cigarettes</b>	<b>Cigars</b>	<b>Pipes? (grams)</b>			
If you drink alcohol, how many units per 7 day week on average: (1 unit equals 1 single pub measure of wine or spirits or one half a pint of beer or lager)					
<b>Pints</b>	<b>Spirits</b>	<b>Wine</b>	<b>Other (please specify)</b>		
Have you ever been refused life insurance or admission to any employment benefit such as a pension scheme?				<b>Yes</b>	<b>No</b>
If Yes, please state for what and why:					

**Have you ever suffered from any of the following:**

	Yes	No		Yes	No
Heart problems of any kind?			Skin disease of any type e.g. psoriasis?		
Chest pains of any kind?			Eye problems?		
High blood pressure?			Frequent headaches or migraine?		
Any form of cancer?			Hearing problems or deafness?		
Asthma, bronchitis, pneumonia or other serious chest condition?			Head injury?		
Serious stomach or bowel problems?			Diseases of the thyroid?		
Jaundice, hepatitis A or B or other liver conditions?			Diabetes?		
Gall Bladder problems?			Blood disorders?		
Kidney disease or stones?			If Yes, have you travelled overseas in the last 12 months?		
Bladder or prostate problems?			Varicose Veins?		
Hernia or rupture?			HIV, AIDS?		
Consistent gynaecological problems?			Epilepsy, fits, fainting, blackouts or dizzy spells?		
Any eating disorders?			Other psychological problems, anxiety, depression or stress?		
Back Problems?			Disorder affecting the hands or arms?		
Other joint or neck problems?			Any condition requiring hospitalisation in the last 5 years?		
Arthritis or rheumatism?					
Have you had more than 2 weeks off in a row during the last 2 years?					
If Yes, please give details:					
Have you ever been referred to a specialist in the last 7 years?					
If Yes, please state for what reason:					
How many days absence have you had in the last two years?					
Addiction disorders within last 5 years:		Alcohol dependency?			
		Drug dependency?			
		Any other dependency?			
Are you on any medication?					
If Yes, please state name of medication:					
Do you wear or do you have need to wear any appliances?					
If Yes, please state what:					

**Other information**

If you have ticked "Yes" against any of the above questions and have not already given further detail or if you wish to provide further information on any of the above which may be of help, then please do so below. You may also use a separate sheet if required.

Please declare any other problems of which you are aware or which may affect eligibility for lump sum life assurance and ill-health benefits under DC Choice.

**Please read this statement carefully before signing**

I declare that all foregoing statements are true to the best of my knowledge. I accept that in the event of my becoming eligible for lump sum life assurance and ill-health benefits from DC Choice and it subsequently being shown that medical information has not been disclosed by me, or it has been misleading or false, I will be considered never to have been eligible for these benefits.

I understand that I may be required to attend for consultation with a nurse or doctor or may be required to undergo a medical examination.

<b>Signature</b>			
<b>Full Name</b>		<b>Date</b>	

**For Company Use Only:**

Employee ID:

Corporate / Retail Management / Retail Staff

Based on the information provided in the DC Choice Medical Questionnaire and further medical evidence obtained where applicable, the above individual has been assessed as below

**RATING****If not A rating**

Does this employee qualify as disabled under the Disability Discrimination Act?

Signature	
Name	
Position	
Date	