



Background Report

Summary

Candidate Information

Full Name	Ms Toni Maurice Blurr
Date of Birth	18 Nov 1959
Address	35, Preville Court, 2 Naplin Road, London, E9 8TD, United Kingdom
National Insurance Number	PY852413D

Report Information

Report Prepared For	RiskReduct Limited
Reference	7
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Important – Please Read

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Background Checks Included Within This Report:

Plan 1	Code	Completed	Status
1 Occupational Health Questions	OCHQ	Yes	

Occupational Health Questions

Section 1: Occupational Health Questions | Responses

1 Health

(1) How would you rate your health?

- Excellent
- Very Good
- Good
- Fair
- Poor

(2) Do you suffer from depression?

- Not at all
- Several days
- More than half the days
- Nearly every day
- All the time

(3) How many days off work due to sickness have you had in the last 12 months?

12

(4) How many times have you been absent from work/school for medical reasons?

10

(5) Have you ever suffered or are suffering from Back-ache, sciatica or slipped disc?

- Yes

(6) Have you ever suffered from any other serious illness? If so, please state date?

20 December 2023

No

If ticked 'Yes', please give details.

Yes, when I fell from a Chair

(7) Have you had a blood test for German measles?

Yes

No

If ticked 'Yes', please give details.

Yes, when I had the inclination

(8) If you do not know whether you are immune to German measles, would you be willing to have a blood test?

Yes

No

If ticked 'No', please give details.

I am scared of needles

(9) Can you use a bus to travel to work?

- Yes
- No

If ticked 'No', please give details.

I don't like cold

(10) Do you have any driving endorsements or points?

- Yes
- No

If ticked 'Yes', please give details.

I have 3 points on my license

(11) Have you ever suffered or are suffering from TB or chronic chest of any lung disease?

- Yes
- No

If ticked 'Yes', please give details.

(12) Have you ever suffered or are suffering from Skin disease?

- Yes
- No

If ticked 'Yes', please give details.

(13) Have you ever suffered or are suffering from Heart disease?

- Yes
- No

If ticked 'Yes', please give details.

(14) Have you ever suffered or are suffering from Kidney disease or water trouble?

- Yes
- No

If ticked 'Yes', please give details.

(15) Have you ever suffered or are suffering from Deafness?

- Yes
 No

If ticked 'Yes', please give details.

I had an issue with my left ear last year

(16) Have you ever suffered or are suffering from ear problems?

- Yes
 No

If ticked 'Yes', please give details.

(17) Is your vision normal?

- Yes
 No

If ticked 'No', please give details.

(18) Is your hearing normal?

- Yes
 No

If ticked 'No', please give details.

(19) Have you ever suffered or are suffering from Blackouts, giddiness or fits?

- Yes
- No

If ticked 'Yes', please give details.

(20) Have you been immunised against Tuberculosis?

- Yes
- No
- I don't know

(21) Have you been immunised against Tetanus?

- Yes
- No
- I don't know

(22) Have you been immunised against Hepatitis?

- Yes
- No
- I don't know

(23) Have you been immunised against Poliomyelitis?

- Yes
- No
- I don't know

(24) What date did you have your last flu jab?

16 December 2023

(25) What day did you have your first Covid Vaccine?

07 December 2023

(26) What day did you have your second Covid Vaccine?

22 December 2023

(27) What day did you have your third Covid Vaccine?

No date supplied

(28) Do you drink alcohol? If YES, can you state your average weekly consumption

- Yes
 No

If ticked 'Yes', please give details.

Yes, I get drunk during the day

(29) Do you smoke? If YES, how much do you smoke daily?

- Yes
 No

If ticked 'Yes', please give details.

Just 10 times a day

(30) Have you ever smoked? If YES, when did you give up?

- Yes
 No

If ticked 'Yes', please give details.

I still smoke

(31) What's your marital Status?

- Married
- Unmarried
- Separated
- Divorced
- I prefer not to answer

(32) How would you describe your ethnic origin?

African, Black, Black British, Black English, Black Scottish, Black Welsh

- Caribbean
- African
- Biafran
- Yoruba

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian

White

- British
- English
- Scottish
- Welsh
- Irish

Asian, Asian British, Asian English, Asian Scottish, Asian Welsh

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other background, please specify

(33) Are you a disabled person as defined by the Disability Discrimination Act?

- Yes
- No

If ticked 'Yes', please give details.

(34) How would you describe your religion or belief?

- Christian
- Muslim
- Buddhist
- Hindu
- Jewish
- Sikh
- Atheist
- No Religion
- Prefer not to say

Any other religion, please specify

(35) Which of the following describes your sexual orientation?

- Bisexual
- Gay Man
- Lesbian
- Heterosexual
- Other
- Prefer not to say

Response provided by the candidate should be reviewed

Response provided by the candidate can be ignored