

DECLARATION OF HEALTH

Post applied for.

Surname (block capitals)Mr/Mrs/Miss/Ms.....

Forenames..... Date of Birth

Height (without shoes).....cm Weight..... kg

DETAILS

Are you in good health? YES/NO (On separate sheet, if necessary)

Are you receiving treatment for any condition? YES/NO (On separate sheet, if necessary)

Have you ever attended hospital as an in/out patient? YES/NO (On separate sheet, if necessary)

Have you ever suffered from or been treated for any of the following ?

Ear/Throat infections YES/NO

Allergies- Dermatitis/Psoriasis

Excema/skin sensitivities (including drugs) YES/NO

Bronchitis/Pneumonia/Pleurisy

Asthma/Hay Fever YES/NO

Nervous trouble or mental illness YES/NO

Heart/circulatory illness YES/NO

Hypertension YES/NO

Back problems/Back pain

(or any condition which affects movement) YES/NO

Headaches/Migraine YES/NO

Epilepsy YES/NO

Bladder/Kidney infections YES/NO

Sight/Hearing impairment YES/NO

Blood disorders - Anaemia/Haemophilia YES/NO

Cont'd

DETAILS

Tuberculosis	YES/NO
Diabetes	YES/NO
Hepatitis/jaundice	YES/NO
Gynaecological problems/painful periods	YES/NO
Gastric Ailments/Ulcer	YES/NO
Varicose Veins	YES/NO
Are you taking any medication?	YES/NO
Are you registered disabled?	YES/NO
Have you ever had a chest X-ray?	YES/NO

Have you been immunised against or tested for the any of the following?

Tuberculosis	YES/NO
Tetanus	YES/NO
Rubella (German Measles)	YES/NO
Poliomyelitis	YES/NO
Hepatitis B	YES/NO

How many days absence have you had from work/college etc during the last twelve months?

May we approach your family doctor if necessary? YES/NO

(Please give name and address below)

Name.

Address.....

.....

Tel No.

DECLARATION:

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief:

Signed..... Date.....