

PART D: Medical details

What is your height? (cm)	What is your weight (kg)	What is your blood group?
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Please give more details, with dates, if you answer "yes" to any of the questions

1	Have you ever been refused or dismissed from work for poor health or absence due to health reasons?	YES/NO	
2	Have you ever suffered from an industrial disease or illness or are you registered disabled?	YES/NO	
3	Are you at present under medical supervision/or receiving treatment/taking medication? (if so what medication etc..)	YES/NO	
4	Are you attending or waiting to attend hospital for treatment or surgery?	YES/NO	
5	Do you have any allergies to any drugs, chemicals or other materials or substances or hay fever?	YES/NO	
6	How many units of alcohol do you drink on average per week? (1 unit = ½ pint of beer/1 glass of spirit)	YES/NO	
7	Do you smoke? If yes please state what and how much.	YES/NO	
8	Have you ever received advice or treatment regarding alcohol or drugs?	YES/NO	
9	Do you require glasses for close reading or detailed work	YES/NO	

Have you ever suffered from or had treatment for any of the following?

10	Back trouble, arthritis, rheumatism, or other joint or muscular problem	YES/NO	
11	Fits, epilepsy, fainting attacks, blackouts or giddiness	YES/NO	
12	Recurrent headaches or migraine	YES/NO	
13	Finger, hand, wrist, shoulder or neck problems	YES/NO	
14	Heart attacks, angina, raised blood pressure or other heart disease	YES/NO	
15	Asthma, bronchitis, emphysema, or other chest disease	YES/NO	
16	Eye disease/defect not wholly corrected by glasses, including colour blindness	YES/NO	
17	Ear disease, discharge from ears or deafness or noise induced hearing loss	YES/NO	
18	Discharge from nose or eyes	YES/NO	
19	Diabetes or other hormonal disorders	YES/NO	
20	Stomach/bowel problems or indigestion, including hernias	YES/NO	
21	Psychiatric or psychological illness or breakdown anxiety, depression or diseases of the nervous system	YES/NO	
22	Bladder or kidney trouble	YES/NO	
23	Dermatitis, eczema, psoriasis or other skin problems	YES/NO	
24	Any illness, infection, operation or injury not given above (other than childhood illness)	YES/NO	
25	Do you consider yourself to be disabled in any way, as defined by the Disability Discrimination Act 1995?	YES/NO	

PART E: Declaration

1. I understand that the information I have given is to the best of my knowledge and belief, true and complete.
2. I understand that I may be required to attend a medical examination
3. I understand that the failure to disclose information, or giving false information, may result in the termination of my employment

Signature: _____

Date: _____

HEALTH DECLARATION FORM



Post:	Post Ref:
Dept:	Closing Date:

Please complete this application form in black ink for ease of copying

The information recorded on this declaration will remain confidential. Based on your responses advice will be given to management regarding fitness for employment and any modification or alteration that may need to be considered in relation to the Disability Discrimination Act 1995. Subject to the normal rules of medical confidentiality, the involvement or advice of occupational health practitioners may be sought. It is therefore important that your answers are complete and accurate regarding any health events that may affect your ability to perform your work, either now or in the future. The company complies with all statutory obligations and does not discriminate on the grounds of gender, sex, sexual orientation, marital status, race, colour, nationality, ethnic origin, religious conviction or disability.

If you wish, this section of the form may be placed in a separate envelope marked for the attention of "Personnel Department – Confidential". Please staple or secure to the application form

PART A: Accident and Emergency contact information

Name:	Person to contact in case of an accident or emergency:
Home address:	Home address:
Postcode:	Postcode:
Home Tel:	Home Tel:
Email:	Relationship:

PART B: Doctors details

Name:	Full address:
Tel:	
Fax:	Postcode:

PART C: Working conditions

Although the job for which you are applying may not involve exposure to all, or any of the following situations, please indicate (**tick**) any area(s) which you have been advised by a qualified medical and/or occupational health practitioner, or if you have any concerns or anticipate any difficulties should such a situation arise:

Working at heights
 Handling loads / manual loading
 Driving a fork lift truck
 Night Work

Exposure to noise
 Exposure to hazardous substances
 Operating Visual Display Equipment
 Long periods of standing