

Health Declaration Form

Personal Information			
Forename(s):		Surname:	
Address:		Telephone:	
Job Role:		E-mail:	
GP Name:		GP Address:	

Medical History		
Do you smoke?		
What is your average weekly consumption of alcohol (in units)?		
Are you currently taking any prescribed medication? (If yes, provide details.)		
Are you currently under the care of a doctor, consultant or other medical professional? If yes, provide details. You may be asked to consent for us to contact your GP or medical practitioner for further information.		
Are you currently suffering from, or have you ever suffered from, any of the illnesses listed below?	Yes	No
The effects of an injury		
The effects of surgery		
Heart trouble		
Lung disease		
Stomach/bowel trouble		
Jaundice/hepatitis		
Joint problems/arthritis		
Headaches/migraines		
Diabetes		
Serious allergies		

Medical History		
Are you currently suffering from, or have you ever suffered from, any of the illnesses listed below?	Yes	No
Severe stress reaction		
High blood pressure		
Asthma		
Hernia or rupture		
Kidney/bladder disorder		
Back/neck problems		
Mobility problems		
Fits/blackouts/epilepsy		
Depression/anxiety		
Hearing/sight problems		
Skin problems, including dermatitis or eczema		
Cancer		
Auto-immune disease		
Neurological disorder		
Do you have any other ongoing physical or mental impairment not already disclosed above which may affect your employment?		
Is there anything else in your medical history or circumstances which might affect your employment?		
Do you normally enjoy good health?		
If you have answered "yes" to any of the questions above, please give further details and approximate dates where relevant.		

Have you ever been denied a job on health grounds? Yes/No
If yes please give details:

Have you ever been denied or had to give up a driving licence on health grounds? Yes/No
If yes please give details:

Have you ever had any illness/impairment/disability which may have been caused or made worse by your work? Yes/No
If yes please give details.

Statement of Declaration

I hereby declare that the information given is full and true to the best of my knowledge.

I declare that I am physically and mentally fit to undertake the role I have applied for in social care.

I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal. If I have not yet started employment, my job offer may be withdrawn.

Signed:

Date: