DECLARATION OF HEALTH & MEDICAL FITNESS

CONFIDENTIAL MEDICAL DECLARATION

PERSONAL DETAILS			
Name:		Forename(s):	
Address:		Date of Birth:	
		Tel. No:	
GP Name & Address:			

A: Do you have, or have you ever suffered from, the following:

CONDITION	NO	YES		
		Dates	Details	GP / Hospital
Typhoid Fever / Paratyphoid Fever? Enteric Fever?				
Salmonella Infection?				
Diarrhoea / Vomiting for more than 2 days?				
Frequent Infections of the Upper Respiratory Tract e.g. , Colds, Sinusitis, Sore Throat, etc?				
Severe Chest conditions, such as chronic Bronchitis with Phlegm, Pleurisy, TB (Tuberculosis?)				
Discharge from the Ear / Eyes / Nose?				
Problems with the Heart and / or Circulatory System, such as Angina, Abnormal Blood Pressure, Anaemia?				
Problems with Sight or Hearing, such as Colour Blindness, Hard of Hearing?				
Skin Rash / Eczema / Dermatitis / other Skin Disease?				
Recurrent Boils / Styes / Septic Fingers?				
Fits or Blackouts?				
Migraines and other Severe Headaches?				
Mental Health problems, such as Stress, Hypertension, Addictions, Depression or Anxiety Attacks?				

CONFIDENTIAL MEDICAL DECLARATION (*.....continued)*

B: Other:			
CONDITION	NO	YES	
		Dates	Details
Have you been an in-patient or out-patient at a hospital within the last 5 years?			
Have you had treatment for any condition relating to the abuse or misuse of alcohol or drugs within the last 5 years?			
Do you regularly take any type of prescription medication?			
Have you ever suffered from a back strain, slipped disc, or other conditions of the back, joints or ligaments?			
Are you registered disabled?			
Have you ever been refused a Drivers' Licence through health reasons?			
Have you ever had medical insurance refused, or offered subject to special conditions?			
Have you ever been refused employment, or had your employment terminated for health reasons?			
Are you prepared to undergo a medical examination?	YES / NO		
Do you give your consent for us to contact your GP?	YES / NO		

Any other relevant information:

I confirm that the answers to these questions are true and accurate to the best of my belief and knowledge.

Signature: _____ *Full Name (PRINT):* _____ *Date:* _____