



## Confidential Health Declaration To be completed by all applicants

**Name:**

<b><u>Do you or have you ever suffered from/ received treatment for any of the following (please tick Yes or No):</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
1 Heart complaint/ high blood pressure? 2 Back/ joint problems? 3 Migraine, fits, faints, or blackouts? 4 Disorders of the eyes, ears, or nose? 5 Skin disorder? 6 Diabetes, blood, or thyroid disorder? 7 Chest complaint (e.g. asthma, bronchitis, tuberculosis)? 8 Ulcers, dysentery, typhoid, cholera, salmonella, or any digestive bowel disorder? 9 Jaundice, hepatitis, or liver disease? 10 Kidney disease/ urinary problems? 11 Mental health problems? 12 Alcohol/ drug related problem?		
13 Are you under any medical treatment/ observation? 14 Are you taking any medicines, tablets, or injections? 15 Have you been refused or retired from work on medical grounds? 16 Have you been off work for health reasons in the last 12 months? <b>If your answer to any of the questions above was “yes”, please give details on the reverse of this form, giving the number of the question to which each answer refers.</b>  Do you wish to undertake a further assessment of your fitness to do work at night?		

<b><u>Have you been vaccinated against?</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
Hepatitis A Hepatitis B Tuberculosis (BCG) Poliomyelitis Tetanus Rubella		

