

Medical declaration

Please read the following and answer the questions as accurately as possible.

Do you/have you had any major illnesses/absences? **Yes / No**
Major illness includes heart or blood pressure problems respiratory problems (including asthma) diabetes, epilepsy, any back conditions or mental illness and any condition requiring referral to a medical or surgical consultant. Please give details below if appropriate.

Have you ever been retired or had your contract terminated due to ill health? **Yes / No**

Do you have any medical condition, which may affect your work? **Yes / No**

Are you under any medical treatment/supervision at present? **Yes / No**

How many days sickness absence/illness have you had in the last two years?

Are you disabled under the Disability Discrimination act 1995? **Yes / No**

If you answered NO to all of the above questions then this form will be kept with your application. If you have answered yes to any of these questions you may need to complete a more detailed confidential questionnaire and/or attend a medical.

I declare that the information that I have given is a true statement (to the best of my knowledge and belief) and that I consider I am medically able to undertake this work.

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

Print name..... Date of birth.....