



HEALTH DECLARATION

This information is required in order to confirm your suitability to work with children and young people. It will be held in the strictest confidence, in accordance with The Data Protection Act 1998. Please complete your health declaration fully.

SURNAME _____

FIRST NAME(S) _____

DATE OF BIRTH _____

HOME ADDRESS _____

TEL. NO/s _____

EMAIL ADDRESS _____

1 Your Current State of Health

Are you *currently* attending a doctor's surgery or hospital? **YES** **NO**

If Yes, please give details:



2 Medication

Are you *currently* taking any medication or receiving any other form of treatment from a doctor's surgery, hospital or other medical practitioner?

YES

NO

If Yes, please give details:

3 Problems/ Impairments

Do you suffer, or have you suffered, from any medical conditions which significantly affect the following, (please tick):

Sight	
Hearing	
Walking	
Ability to climb stairs	
Ability to bend	
Ability to lift and carry	
Stamina	

If Yes, please give details:

4 Absence from Work

How many days have you been absent from employment due to illness over the past two years:

Reasons for absences:

5 Previous Employment

Have you ever been retired or had your contract of employment terminated with a past employer due to ill health?

YES NO

If Yes, please give details:

I confirm that the information I have provided is a true representation of my medical history, both past and present.

Signed _____ Date _____

Print Name _____