Health Declaration

(Confidential Information)

G4S Facilities Management

Surname:	Forename(s):	Date of Birth:
Address:		Give the job title for the work that you do or will be doing
	Height:	Reason for assessment: ☐ Employment ☐ Routine ☐ Special
Postcode: NI No:	Weight:	

Your Doctor

Your doctor will not be approached without your specific permission

Name:	Address & Contact Number

Medical history

Please answer the following questions by ticking the appropriate box.

No	Question	No	Yes
1	Do you have any physical or mental impairment that could be classed as a disability under the Disability Discrimination Act 1995?	☐	☐
2	Have you ever received compensation or a disability pension?	☐	☐
3	Are there any medical reasons why you should not do shift work?	☐	☐
4	Are you able to carry out strenuous physical work including climbing ladders, working from scaffolding, bending, lifting and carrying?	☐	☐
5	Have you ever had to give up any previous job for medical reasons?	☐	☐
6	Have you been off work continuously for more than a month during the last five years?	☐	☐
7	Is your eyesight abnormal?	☐	☐
8	Do you suffer colour blindness?	☐	☐
9	Do you have difficulty in reading a car number plate from 25yrds/22mtrs (with glasses/contacts if usually worn)?	☐	☐
10	Is your hearing abnormal?	☐	☐
11	Have you ever had any of the following?		
	Diabetes	☐	☐
	Tuberculosis	☐	☐
	Angina	☐	☐
	Any other heart trouble	☐	☐
	Raised blood pressure	☐	☐
	Peptic, gastric or duodenal ulcer	☐	☐
	Indigestion for more than one week	☐	☐
	Back trouble, lumbago, sciatica, 'slipped disc'	☐	☐
	Epilepsy, recurring blackout or fits	☐	☐
12	Have you had any of the following during the past five years?		
	Bronchitis, asthma, pneumonia	☐	☐
	Dermatitis, eczema or any other skin trouble	☐	☐
13	Do you suffer from any of the following?		
	Migraine or severe recurring headaches	☐	☐
	Anxiety, depression or any other nervous complaint	☐	☐
	Fainting attacks or giddiness	☐	☐
	Ear trouble, discharging or infected ear	☐	☐
	Kidney trouble or urinary infection	☐	☐
	Allergies (latex, food, animals, etc)		
14	If you have ticked any answers as Yes for any of the above questions, please give **very brief** details below:		

Have you had any other serious illness or injury not mentioned above? If so please provide details	Have you ever had any operations requiring hospital admission for five or more days? If so, please provide brief details
Have you consulted a Doctor about your health during the past 12 months? –if so please give brief details	Are you at present on any treatment, such as injections; tablets or medicine? If so, please provide details
How would you describe your current state of health?	No Yes How much? Do you smoke? ☐ ☐ ⇨ Do you drink alcohol? ☐ ☐ ⇨

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Vaccination Status

Have you been vaccinated against the following?

	No	Yes	Completion Date		No	Yes	Completion Date
Tetanus	☐	☐	⇨	Hepatitis B	☐	☐	⇨

Occupational History

What was your last job?
Please give details of any health problems associated with your past work?
Have you ever been denied a job on health grounds? –if so, please give brief details
How many days' sick did you take last year?

Are you on the disablement Register? No ☐ Yes ☐ Please give your number ⇨

Declaration & Consent

I am willing to undergo a medical examination if required and I declare that, to the best of my knowledge, all of the information given above is true. I agree that the Employer's doctor may consult my own doctor about any of the information given on this form. I declare that the information given in this form is to the best of my knowledge complete and correct.
Note: Any false, incomplete or misleading statements may lead to dismissal.

Signature:	Date:

Data protection

Information from this application may be processed for purposes registered by the Employer under the Data Protection Act 1998. Individuals have, on written request [and on payment of a fee of £10], the right of access to personal data held about them.

For the purposes of compliance with the Data Protection Act 1998, I hereby give my consent to G4S Facilities Management processing the data supplied in this questionnaire for the purpose of recruitment and selection.

Signature:	Date:

G4S Use only

Additional Screening Declarations completed:	Food Handlers [IS/SC(F)039] ☐		Vibration Exposure [IS/SC(F)040] ☐	
Decision	Fit for work	Yes ☐	No ☐ - referral needed.	Date referral made: _____
Management action taken:				
Reviewing Manager:	Signature:		Name:	Date:

This form is confidential and must be retained in Personnel file.