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| **Name of Applicant:** |  |

Do you currently, or have you ever suffered from any of the following (tick accordingly):

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| **Condition** | **YES** | **NO** | **Condition** | **YES** | **NO** |
| Nervous breakdown or mental disorder |  |  | Chicken Pox |  |  |
| Mental illness or anorexia |  |  | Deafness, infected or discharging ears |  |  |
| Back trouble, sciatica, neck problems |  |  | Physical disabilities |  |  |
| Asthma or other allergic conditions |  |  | Recurrent sore throats or sinusitis |  |  |
| Bronchitis, pneumonia or tuberculosis |  |  | Episodes of chest pains or breathlessness |  |  |
| Heart disease or high blood pressure |  |  | Severe headaches or migraine |  |  |
| Bladder or kidney trouble, digestive or bowel disorder |  |  | Eye disease, injury or defective vision not corrected by lenses |  |  |
| Diabetes |  |  | Fits, blackouts or epilepsy |  |  |
| Rheumatism, arthritis or varicose veins |  |  | Dermatitis or skin trouble |  |  |
| Have you had a blood/urine test in the past 12 months? |  |  | Do you believe you may be infected with any communicable disease? |  |  |
| Are you registered disabled |  |  | Typhoid, paratyphoid or dysentery |  |  |
| Have you ever had any major operations? |  |  | Have you had any type of Hepatitis? |  |  |
| Are you taking/using injections, pills, medicines or skin applications at present (excluding contraceptives) |  |  | Do you suffer from or have been hospitalised for any medical condition which may be relevant to you employment? |  |  |
| Do you smoke? |  |  | Any disorder of the immune system |  |  |
| Have you had any illnesses in the past 6 months |  |  | How many sick days have you had in the last 2 years? ……………….. |  |  |

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| If you answered yes to any of the above questions, or are aware of any health problems that may affect your work, please provide details below: |

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| **Applicant’s signature:** | **Date:** |