

APPLICANT'S HEALTH DECLARATION (FIRST STAGE)

Vision: (please tick)	Good	Fair	Poor
Hearing: (please tick)	Good	Fair	Poor
Height:	Do you smoke? YES / NO		

It would be helpful if you would kindly complete the following section to assist us in processing your application as quickly as possible.

Do you now, or have you previously suffered from any of the following:			
Alcohol abuse:	YES / NO		Hepatitis:
Drug abuse:	YES / NO		Allergy to animals:
Back problems:	YES / NO		Diabetes:
Epilepsy:	YES / NO		Rubella:
Asthma:	YES / NO		Tuberculosis (TB):
OTHER: (please give details)			

Answering YES to any of the above, or providing details of any other health problem which you have suffered, will not automatically exclude you from being considered for engagement with us. We require your permission to contact your doctor to obtain further details if required and you may be required to undergo a medical assessment. If, in the future, it is shown that you failed to declare any existing or pre-existing condition, Prime Care will not accept responsibility in the event of this being a factor in any future claim that should ever arise against the organisation. You should also understand that failure to declare correct information could lead to disciplinary action being taken against you and may result in us terminating your engagement.

I give permission for my doctor to be contacted to confirm the details I have provided in my Health Declaration and to seek further details as to any reasonable adjustments that need to be made during the application process in respect of the conditions I have identified in this declaration. His/her name and address is as follows:

Doctor's name:

Address:

.....

Telephone no:

Your signature: Date:

Please print your name: