



## HEALTH DECLARATION

Company:		Job Title:	ROLE
Surname:			
Other names:			
Address:			
			Date of Birth:

### Occupational History

Past Employment:	Job Title:	Company Name:	From/To:
Have you ever been denied or left a job on health grounds?			
How many days sick leave did you take last year on how many occasions?			
Do you require any adjustments in order to carry out your role?			
Have you previously been exposed to:	Noise Radiation	Vibration VDU	Respiratory/Skin hazards Other
Have you ever been advised to avoid any specific working environments?			
Have you ever had health surveillance as part of your job?			

### Medical History *If yes please give further details*      Y      N

1. Heart Disease			
2. High Blood Pressure			
3. Chest Disease: Bronchitis/Asthma/TB/Pneumonia			
4. Indigestion, Gastric Ulcer, Bowel complaints			
5. Jaundice, Gall Bladder or Liver Disease			
6. Hernia			
7. Kidney Disease or Infection of Urine			
8. Back, Neck or Joint Disorders			
9. Fits, Fainting attacks or Dizziness			
10. Mental Health problems or Nervous Debility			

11. Ear Trouble or Deafness			
12. Skin Problems e.g. Eczema, Psoriasis, Dermatitis			
13. Eye Problems or infection			
14. Allergic conditions e.g. hay fever			
15. Diabetes			
16. Any broken bones			
17. Drug/alcohol dependency			
Any other condition or injury not mentioned above?			
Have you ever received treatment or investigation at hospital other than above?			
When were you last seen by your own Doctor?			
Are you at present on any treatment such as injections, tablets or medicines?			
Are you currently in good health?			
Do you smoke?	If yes, how much/day?	Do you drink alcohol?	If yes, how much/week?

<p><b>Declaration</b></p> <p>I consent to undergo health surveillance as described/explained to me. I confirm that I give my consent for the Occupational Health Nurse from The Occupational Health Business Ltd to contact my GP with the result of my tests if deemed clinically appropriate.</p> <p>I give my consent for the Occupational Health Nurse to discuss the outcome of my medical assessment with my manager if in his/her professional opinion this outcome could affect fitness for work or personal safety.</p> <p>I declare that all the information given is true to the best of my knowledge</p> <p>I declare that the information given above, is true and accurate, to the best of my knowledge. I understand that the result will be included in my Occupational Health records, as part of health surveillance requirements under the COSHH (2002) Regulations:</p> <p>I consent for South Glos Occupational Health Ltd to process and store my personal data in line with the Data Protection Act (1998) and GDPR 2018.</p> <p>Signed.....Date.....</p>
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