



HEALTH CHECK FORM

Name

Position to be filled.....Date.....

Address

.....

Post CodeDate of Birth

Name and address of your Doctor

.....Post Code

Please answer all the following questions giving details where appropriate.

1. Have you ever suffered any of the following?

a. Depression anxiety state, nervous illness or breakdown

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b. Epilepsy or disease of the nervous system

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c. Ailment of lungs or chest

.....

d. Spinal problems

.....

e. Arthritis, Rheumatism or Gout, etc

.....

f. Any heart or circulatory, including blood, problems

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g. Illness of the digestive system

.....

h. Illness of the kidneys, bladder, liver or glands

.....

i. Diabetes

.....

j. Major accident, operation or physical defect

.....

k. Skin disorder

.....

Are you presently taking medication or undergoing treatment. If so, give details

.....

What is your average daily consumption of:

1. Alcohol..... 2. Tobacco

Are you a Registered Disabled Person

.....

Details of any industrial disablement benefit if received

.....

How many working days have you been absent from work during the last 12 months (holiday apart)

.....

What were the reasons for these absences

.....

Are you now pregnant

This space may be used to provide additional information

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Please read carefully before signing.

- 1. I declare that the answers given above are true and correct and give a full and complete picture of my health in every respect.
- 2. I give Hillcrest Care Home permission to contact my doctor for further particulars of my medical records should Hillcrest so decide. I hereby authorize and consent my doctor to disclose my medical records in relation to my medical/health information pertaining to my job application.
- 3. I am prepared to undergo a medical examination if this is required.
- 4. I understand and accept that if any of the information given in this document is incorrect or untrue, that Hillcrest reserves the right to immediately terminate my employment with them.

Signed **Date**

FOR OFFICE USE ONLY

1. Comments

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2. Further details required

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3. Action

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Signature..... Date.....

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