

**A & T Caring Services
Private and Confidential**
Health Declaration

Personal Details (to be completed in block capital please)	
Surname:	
Forenames:	Title:
Address:	
	Postcode:
Home Tel No.(inc code):	Mobile No:

We want to be sure that we can expect you to be able to give regular and effective service, and we therefore ask you to provide us with some details about your health record. Each declaration we receive is considered individually and no decision to reject you on medical grounds will be made without a referral from your doctor stating that you would not be able to fulfil the duties outlined in the job description. All information will be treated in the strictest confidence and will only be used by the Human Resources department and Registered Managers.

A & T Caring Services is an equal opportunities employer and will not discriminate on the grounds of a person's disability. Any information given about a disability as defined under the provisions of the Disability Discrimination Act 1995, will assist us in assessing where reasonable adjustments to duties of the workplace need to be made, and will help us, through monitoring, to assess the effectiveness of our equal opportunities policies.

<p>1a. Do you have any disability which affects your ability to undertake the tasks set out in the job description or which require special arrangements? (If yes, please give details)</p> <p>1b. If your answer to 1a was 'yes' what facilities, adjustments or equipment (If any) would enable you to perform the duties of the post most effectively? (use a separate sheet if necessary)</p>	<p>N/A</p>
<p>2. Are you now or have been in the past under any medical treatment or observation, taken any form of medication to control or stabilise a condition (e.g. insulin for diabetes or ventolin for asthma), undergone any operation or hospital treatment, or had any serious accident? (If yes, please give details including dates)</p>	<p>N/A</p>

3. Have you now or in the past had any disease or complaint, other than normal childhood diseases, colds and flu? (If yes, please give details including dates and treatment received)	N/A
4. Have you now or in the past had any drug or alcohol related problem? (If yes, please give details, including dates and medication (if any) prescribed)	N/A
5. Have you now or in the past had any back, muscle or joint problems e.g. slipped disc, rheumatism, arthritis? (If yes, please give details, including dates and medication (if any) prescribed)	N/A
6. Have you now or in the past had any depression or stress related illness? (If yes, please give details, including dates and medication (if any) prescribed)	N/A
7. Have you now or in the past suffered from epilepsy or fits of any Description? (If yes, please give details, including dates and medication (if any) prescribed)	N/A
8. Are you suffering from any illness or disability at the present time? (If yes, please give full details)	N/A
9. Is your Hepatitis B immunisation up to date?	YES NO
10. Is your TB immunisation up to date?	YES NO
11. May A & T Caring Services approach your GP for medical information on your health if necessary?	YES NO
12. Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving	N/A
13. Please list all absences from work in the past 12 months and the reasons for such absences.	

I declare that the information that I have given on the Health Declaration is to the best of my knowledge correct and understand that if at any time in the future the information is found to be false, any contract of employment I have with A & T Caring Services, may be terminated by A & T Caring Services without notice.

Signed: -----

Date: -----

OFFICAL USE ONLY

IRegistered Manager of A & T Caring office
certify that is medically fit to work given that the above
information is correct.

Signed:

Date:

Please use this additional sheet for any further information

