

Annual Declaration of Health

Name:

Date of Birth:

Review Date:

Have you ever suffered from any of the following, by answering yes or no? If yes please give additional information

Tuberculosis	
Asthma	
Bronchitis	
German Measles	
Typhoid	
Dysentery	
Poliomyelitis	
Rheumatic Fever	
Jaundice/Hepatitis	
Varicella (chicken pox)	
Chest Pain	
Heart Condition	
High or low blood pressure	
Epilepsy	
Fits	
Attacks of giddiness	
Blackouts	
Fainting	
Migraines	
Depression	
Mental Illness	
Nervous Breakdown	
Diabetes	
Thyroid or other gland trouble	
Dermatitis	
Skin Sensitivity	
Psoriasis	
Eczema	
Latex allergy	
Back or neck injury/problems	
Gastric problems	
Ulcers	
Irritable Bowel Syndrome	
Kidney/urinary conditions	

Have you any reason to believe you may have been infected by any communicable disease?

Yes No

If yes please provide details –

Are there any current or recent medical condition or treatment which might affect your attendance or performance at work?

Yes No

If yes please provide details –

Please give details of any relevant or ongoing medication you are taking

Yes No Please provide details

Any illness, condition or surgical operation that prevented you from attending work or your normal duties or activities for more than one week during the past year?			
Any physical disabilities including defect of sight or hearing?			
Have you recently been a resident outside the UK?			
Are you registered under the Disabled Persons Act?			
Have you ever knowingly been contact with MRSA or worked in an MRSA environment?			
Are you aware of the need to be screened for MRSA?			
Are you or have you ever been infected with tuberculosis (TB)?			
Do you agree to abide by the government guidelines on AIDS/HIV infected healthcare workers? (HSC 1998/226 "Guidance on the management of AIDS/HIV infected healthcare workers and patient notification")			

Do you agree to being health screened or to obtaining a certificate of fitness from your GP or an Occupational Health Service if required?

Yes No

Name of GP:

Address:

Tele No:

Signed:

Record of Immunisation	Yes	No	Date	Result
Tetanus				
Measles, Mumps and Rubella (MMR)				
Poliomyelitis				
Hepatitis B / Antibodies				
Tuberculosis BCG				

For Night Workers Only

Have you ever worked night shifts in the past?

Yes No

What type of work was this?

.....

How long have you been working night shifts?

.....

Have you ever suffered health problems directly related to working night shifts?

Yes No

Statement of Fitness Work for official use only

Name of worker:

Signature:

Date of Assessment:

Next Annual Review:

Declaration

I confirm that the information I have given in this declaration form is, to the best of my knowledge, complete and accurate in all aspects. I understand that knowingly giving false information will disqualify me from registration with Magnus Search Ltd. I also agree to keep Magnus Search Ltd informed of any changes to the information supplied.

Print Name:

Date:

Signature: