



ST. WILFRID'S

29 Tite Street, Chelsea, London SW3 4JX Telephone: 0207 351 5339 Fax: 0207 376 5539

Website: www.stwilfridsw3.com

CONFIDENTIAL

DECLARATION OF HEALTH

At St Wilfrid's we are as concerned for the health and well being of our staff as we are for our residents and it would be appreciated if you would complete this Declaration with that aim in mind. This information, which you give, shall remain completely confidential and will not, under any circumstances, be divulged to any third party.

1. Personal Details	
Surname:	Mr. /Ms.
Forenames:	Maiden Name (if applicable)
Home Address:	Telephone No:
	Post Code:
Next of Kin:	
Telephone No:	
GP's Address:	Telephone No:
	Post Code:
2 Job Applied For/Commenced	
Job Title:	Department:
The job will involve:	
Handling Patients <input type="checkbox"/>	Food Handling <input type="checkbox"/>
Shift Work <input type="checkbox"/>	Driving <input type="checkbox"/>

Declaration of Health - cont'd

3. Past Working History			
So that we can organise your occupational health care, please list all kinds of jobs you have had. Include information about any special hazards or health risks to which you were exposed.			
From	To	Job Description	Hazard
If the answer to the following questions is "Yes" please give details			
	YES/NO	DETAILS	
Have you been medically examined in the past two years?			
Are you receiving any medicine, pills/tablets from a doctor?			
Have you lost time from work/school due to illness in the last two years?			
Have you ever been treated in hospital?			
Do you suffer from, or have you ever had any of the following?			
	YES/NO	DETAILS	
Severe, frequent or prolonged headaches, migraine			
Eye diseases or problems			
Colour blindness			
Raised blood pressure			
Epilepsy, fainting attacks or attacks of giddiness			
Asthma, hay fever, shortness of breath			

	YES/NO	DETAILS
Chest diseases, Tuberculosis		
Heart or circulatory illness, varicose veins		
Skin problems or diseases, dermatitis, warts or sensitive skin		
Ear troubles or diseases		
Frequent sore throats		
Back deformity, injury or backache		
Problems with your hands, arms, legs or feet which affect movement or normal use		
Disorders of the bladder or kidneys		
Blood disorders, jaundice, hepatitis		
Diabetes		
Psychiatric illness or nervous troubles, depression, or anxiety, even if mild		
Do you wear spectacles or contact lenses for any reason? Please indicate which you use.		
Are you hard of hearing? Do you wear a hearing aid?		
Have you ever consulted your doctor about a drink problem?		
Do you drink alcohol? If yes, indicate how much wine, beer, or spirits you drink each week		
Do you smoke? If yes, either indicate how much tobacco or how many cigarettes you smoke		
Have you ever had any industrial or occupational disease?		
Have you ever had an accident at work?		

Blood test to check immunity to:	YES/NO	DATES AND DETAILS
Rubella		
Hepatitis B Written proof is required, if unavailable, a blood test will be arranged		
Hepatitis A		
Any additional information?		

I declare that the statements on this form are true and complete to the best of my knowledge and belief. I understand that failure to make a full and honest declaration of health may lead to dismissal.

I give my permission to the Occupational Health Department to communicate with my GP or any doctor I may have attended in respect of any of the conditions I have indicated on this form.

I understand I will have to undergo a full medical examination.

Signed: Date:

Signature of parent/guardian if you are under 18 years of age

..... Date: