

## Health Declaration

Surname:	Forenames:	Mr Mrs Ms / Miss	Oli-Office Number:								
Address:          Post Code:		National Insurance Number:									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									
		Nationality:									
Sex? (please circle) Male      Female											
		Date of Birth:									

How many units of alcohol do you drink each week?		How much tobacco do you smoke Per day?	
Are you disabled?	Yes/No	Registered disability number:	
Have you ever had an X-Ray	Yes/No	Date of last Chest x-ray:	
Do you wear glasses or contact lenses	Yes/No	Date of last sight test:	
Have you ever had a hearing test	Yes/No	Date of last hearing test:	
Please give details of any medication you are taking or any treatment you are undergoing:			

### HAVE YOU EVER HAD OR SUFFERED FROM ANY OF THE FOLLOWING

Migraine	Yes/No	Hearing Problems	Yes/No
Recurring Headaches	Yes/No	Vertigo	Yes/No
Concussion	Yes/No	Chest Diseases	Yes/No
Fits or Epilepsy	Yes/No	Work related upper limb disorder	Yes/No
Dizzy Spells or Fainting	Yes/No	Hay Fever	Yes/No
High Blood Pressure	Yes/No	Skin Conditions	Yes/No
Back Injury	Yes/No	Rheumatic Fever	Yes/No
Diabetes	Yes/No	Allergies	Yes/No
Fibrositis	Yes/No	Heart Condition	Yes/No
Varicose Veins or Piles	Yes/No	Hepatitis	Yes/No
Gastric Conditions: Stomach or Duodenal Ulcer	Yes/No	Hernias	Yes/No
Eye Trouble or Colour Blindness	Yes/No	Any medical reason for being unfit for work for more than 2 weeks	Yes/No
Any Industrial Injury Requiring Medical Treatment	Yes/No	Any industrial disease needing medical treatment	Yes/No
Please give full details if you have answered yes to any of the above:			

Please give dates that you were vaccinated against the following diseases:

Hepatitis B: \_\_\_\_\_ Tetanus \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Rubella \_\_\_\_\_ TB \_\_\_\_\_

**DECLARATION:**

I declare that all the above is true to the best of my knowledge. I am willing to provide details of my GP should the company require a medical report.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return Application Forms to:

Rapid & Secure Ltd  
Knightwood Court  
Mead Road  
Stoke Gifford  
Bristol  
BS34 8PS  
Tel: 01454 777715

**N.B.**

You will be asked to complete a Drivers Declaration Form at the interview stage so please ensure you bring your Driving License with you.  
(Both Parts if you hold a photo License)