



**HEALTH CHECK FORM**

Name .....

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

Address .....

.....

..... Post Code .....

Date of Birth ..... N.I. No.....

Name and address of your Doctor .....

.....

..... Post Code.....

Telephone ..... Fax.....

Please answer all the following questions giving details with positive answers.

1. Have you ever suffered any of the following:

a. Depression anxiety state, nervous illness or breakdown

.....

b. Epilepsy or disease of the nervous system

.....

c. Ailment of lungs or chest

.....

d. Spinal problems

.....

e. Arthritis, Rheumatism or Gout, etc

.....

f. Any heart or circulatory, including blood, problems

.....

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 Ashcroft House irrevocable permission to contact my doctor for further particulars of my medical records should Ashcroft House so decide and agree to complete and sign any further disclosure/consent forms as required by my doctor.
- 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 Ashcroft House reserves the right to terminate my employment with them immediately.

Signed ..... Date .....

**FOR OFFICE USE ONLY**

1. Comments .....

2. Further details required .....

3. Action.....

4. Signature.....