

HEALTH DECLARATION FORM

COMPANY requires all employees to complete a medical questionnaire *on being offered* a position with COMPANY. Asking for medical information will involve the processing of special category personal data about you under the General Data Protection Regulation (GDPR) 2018. Under the GDPR, we are required to inform you of the reason why we need to process this data and the lawful basis for doing so. We need this information to ensure your capacity to undertake the work offered and identify any requirements for reasonable adjustments that may be necessary to assist you in undertaking the role. The lawful basis for the company obtaining this medical information are that it's necessary to enable us to perform and manage your employment contract, to comply with our legal obligations, e.g. to make reasonable adjustments, not to discriminate on grounds of disability and to pursue our legitimate interests in ascertaining your fitness to work and managing the employment relationship. It's also necessary for carrying out our obligations or exercising our rights under employment law.

**1. Personal details:**

Post offered: .....Department:  
.....

Surname:.....Forename(s):  
.....

Date of birth:.....Telephone:  
.....

Address: .....

Name and address of GP: .....

**2. Occupational history:**

Has your employment ever been terminated on the grounds of ill health?

yes      no

Approximately how many days'/weeks' sickness absence did you have in the last twelve months?:  
.....

**3. Medical history:**

What is your average weekly consumption of alcohol (in units)?:  
.....

Do you smoke?:  
.....

Are you currently taking any prescribed medication?:  
.....

Are you currently under the care of a doctor, consultant or other medical professional?:  
.....

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Are you currently suffering from, or have you ever suffered from, any of the illnesses listed below?:

Heart trouble

yes  no

Lung disease

yes  no

Stomach/bowel trouble

yes  no

Jaundice/hepatitis

yes  no

Joint problems/arthritis

yes  no

Headaches/migraines

yes  no

Diabetes

yes  no

Serious allergies

yes  no

Severe stress reaction

yes  no

Serious accident/injury

yes  no

High blood pressure

yes  no

Asthma

yes  no

Hernia or rupture

yes  no

Kidney/bladder disorder

yes  no

Back/neck problems

yes  no

Fits/blackouts/epilepsy

yes  no

Depression/anxiety

yes  no

Hearing/sight problems

yes  no

Skin problems

yes  no

Surgical operations

yes  no

Mobility problems

yes  no

Cancer

yes  no

Auto-immune disease

yes  no

Neurological disorder

yes  no

If you have answered “yes” to any of the questions in section 2 or 3, please give further details and approximate dates where relevant. This is particularly important where you have a qualifying disability under the Equality Act 2010, as it will enable us to identify what, if any “reasonable adjustments” can be made.

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Do you have any other ongoing physical or mental impairment not already disclosed above which may affect your employment with the Company?:

- No
- Yes (provide details)

.....  
.....  
.....

Do you normally enjoy good health?:.....

Is there anything else in your medical history or circumstances which might affect your employment?:.....

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly withheld medical information, disciplinary action may be taken against me, which may include dismissal. If I have not yet started employment, my job offer may be withdrawn.

Signature: .....

Date: .....