



Employment with the agency is conditional on the preferred applicant completing this *health declaration form* and returning it to with the application form,

Position Details	
Position applied for:	Gender: Male or Female
Address:	

Personal Details
Given Name(s):
Family Name or Surname:
Address for all correspondence:
City: State:
Postcode:
Telephone:
Home: _____ Mobile: _____

Vaccine Details
Have you had your COVID-19 vaccine?
Vaccine information & Dates of Vaccine:



Version: 07

Declaration of Health & Medical Fitness

Review Date: Apr 2025

This is a confidential controlled document and is the property of ICare Resource Limited

Please place a tick in the appropriate column.

If your answer is yes, provide details in the space provided or continue on a separate sheet, if necessary.

	YES	NO	Details with dates
Do you consider yourself to be in good health?			
Have you ever been retired on medical grounds or had to give up work due to ill health or injury?			
Do you consider yourself to be disabled? <i>(The Disability Discrimination Act 1995 defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.)</i>			
Have you had more than two week's sick leave continuously over the past two years? <i>(Please state reason for absence and duration of absence)</i>			
Are you currently suffering from a medical or surgical condition for which you are receiving treatment and / or awaiting a medical / surgical appointment? (Treatment includes physiotherapy, psychotherapy, counselling, etc.) <i>If on prescribed medication, please give details.</i>			
Over the last 5 years have you had any medical / surgical conditions (excluding maternity leave) which have required treatment for longer than 1 month?			
Do you currently have a medical condition for which you have not			



sought help of a health professional?			
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Have you ever contacted COVID-19 or have the symptoms recently e.g. (coughing, dysentery, fever, body pains, chest pains)			
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Have you ever suffered from anxiety, depression or other psychiatric disorder, such as nervous breakdown?			
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Have you ever had a drug or alcohol problem?			
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Do you have any speech, hearing or visual difficulties?			
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Do you intend to work night duties on a regular basis?			
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Do you smoke? If yes please give daily amount.			
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Are you pregnant? <i>This question is asked to ensure that any health needs of pregnancy are addressed, and to avoid any hazard or risk to a developing baby.</i>			
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If you have ever suffered specifically from the following ailments / illnesses please give details of the dates, duration and outcomes in the space provided.

Asthma, bronchitis or chest complaints			
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Chest pain, heart condition or raised blood pressure			
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Blackouts, epilepsy, fits or attacks of giddiness			
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Rheumatism or arthritis			
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Back or neck problems			
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Typhoid, paratyphoid or dysentery			
Digestive or bowel disorder			
Diabetes, thyroid or other gland problems			
Bladder or kidney problems			
Dermatitis or other skin problems (such as psoriasis)			
Varicose veins or DVT			

GENERAL PRACTITIONER (GP) DETAILS

Name & Address of General Practitioner (GP):	
Contact No:	
How many working days have you been sick in the past 2 years?	
Types of sickness in each of the last 2 years?	
Can we contact your GP if we have any queries?	

I,
(Applicant's Name)

of
(Applicant's Address)

I do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld.

I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration may form part of my file.

Applicant's signature

Date: