



smile COOP SOC.

Health Declaration Form

Please tick any of the following that apply to you:
Have you ever or do you suffer from...

- Mental Health Problems (including depression, bi-polar disorder, eating disorders, nerves, anxiety, stress)
- Cardiac Problems
- Musculoskeletal Problems (e.g. arthritis, back pain lasting more than 2 weeks, bone injury or deformity)
- Drug/Alcohol Addiction (including prescribed drugs)
- Diabetes
- Skin disorders (e.g. eczema/psoriasis etc.)
- Allergies (including asthma, food allergies or medication allergies)
- Sight impairment
- Hearing impairment
- Chronic Fatigue Syndrome
- Insomnia

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Do you have any medical conditions not mentioned above which could affect your work? (please bear in mind this job is extremely active and requires a lot of energy). If yes, please detail below:

Have you had any health condition or injury caused or made worse by work? If yes, please detail below:

Are you taking any form of medication? If yes, please detail below:

Are you attending or waiting to attend hospital for any treatment or investigation? If yes, please detail below:

How many sick days have you had over the past two years (including when you were not working)? If more than ten, please detail reasons below:

Is there any other reason why you may not physically be able to do this job? If yes, please detail below:

I _____ certify that I am in fit health and able to complete the work as requested by Smile Coop and that the information I have given on this form is true and correct at the time of completing.

Signature

Print Name

Date