



Cambridge English School Pre-Employment Health Declaration Form

Full Name (As per passport)	
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Date of Birth		Gender	
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Please answer **YES** or **NO** to all of the following questions. If you answer YES please give details on the following page. Answering YES will not necessarily make you ineligible for employment.

Medical Questionnaire		
1	Have you ever left or changed a job for medical reasons?	
2	Do you have any physical or mental issue which affects or has affected your ability to work or carry out normal day to day activities?	
3	Are you currently receiving advice or treatment from your General Practitioner or a medical specialist, or waiting to see one?	
4	Have you ever failed a medical or health screening?	
5	Do you suffer from any long term or recurring medical condition requiring regular medication, treatment or therapy?	
6	Have you any health issues that have been caused by or could be made worse by work?	
7	Do you have any other medical condition that may affect your ability to perform the proposed job?	

In this section, please give details of any question to which you answered YES.

Question No.	Details
1	
2	

3	
4	
5	
6	
7	

DECLARATION

I declare that the information I have given on this form is true, correct and complete to the best of my knowledge and belief. I understand that a failure to provide information and/or a submission of inaccurate information or omission relating to my health may make me ineligible for employment, or if employed, liable to disciplinary action being taken which may include dismissal. I understand that this pre-employment health declaration will form part of my personnel record and will remain confidential.

Applicant name: _____

Applicant signature: _____

Date: _____