Out of School Club
Health Declaration Form

We want to be sure that we can reasonably expect to be able to give an effective service, and therefore ask you to provide us with some details about your health record. Each declaration we receive is considered individually.

Out of School Club is an equal opportunities employer and will recruit on the basis of ability, not perceived disability.

Full name:			
Post applied for:			
1a.	Do you have any disability which may affect your ability to undertake the tasks set out in the duties of this post? (If yes, please give details)	**Yes**	**No**
1b.	If your answer to 1a. was yes, which facilities, adjustments or equipment (if any) would enable you to perform the duties of the post more effectively?		
2.	Are you now or have you been in the past under any medical treatment or Observation, taken any form of medication to control or stabilise a condition (eg insulin for diabetes or ventolin for asthma), undergone any operation or hospital treatment, or had any serious accident? (If yes please give details including dates).	**Yes**	**No**
3.	Have you now or in the past had any disease or complaint, other than the normal childhood illnesses, colds and flus? If yes, please give details including dates and treatment received)	**Yes**	**No**
4.	Have you now or in the past had a drug or alcohol related problem? (If yes, please give details, including dates and medication (if any) prescribed.)	**Yes**	**No**
5.	Have you now or in the past had any back, muscle or joint problems (eg slipped disc, rheumatism, arthritis etc) or any work-related upper limb disorder (eg from keyboard/VDU use)? (If yes, please give details, including dates and medication (if any) prescribed).	**Yes**	**No**
6.	Have you now or in the past had depression or any stress related disorder? (If yes, please give details, including dates and medication (if any) prescribed).	**Yes**	**No**

7.	Have you consulted a doctor at any time regarding an illness or condition over the past five years? (If yes, please give details).	**Yes**	**No**
8.	What is the name and address of your GP? (medical emergency contact). Name: …….. Address: …….. …….. …….. Telephone: ……		
9.	What is the name and address of your emergency contact (eg partner, parent). Name: …….. Address: …….. …….. …….. Telephone: ……		

Medical in confidence (when completed)

I declare that the information given on this form is, to the best of my knowledge, correct and understand that if at any time in the future the information is found to be false, any contract of employment I have with **Out of School Club** may be terminated without notice.

Name: ……

Signed: …….. Date: ……