

GLASGOW OCCUPATIONAL HEALTH

CONFIDENTIAL HEALTH DECLARATION

Surname:	Date of Birth:
Other name:	Marital Status:
Maiden name: (if applicable)	Sex:
Address:	
Home Telephone No:	

Post held/applied for	Department/Organisation
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Name, address and telephone number of General Practitioner

Give details of previous occupations starting with present post

Job Title	Employer	From	To

Please list sports and hobbies:

Are you in good health at present: YES/NO If "NO" give details.....

Height (without shoes)	Weight
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Please tick the appropriate box - if YES give details in right hand column (with dates and locations where applicable).

	YES	NO	DETAILS
Please give date and result of your last chest x-ray.			
Have you ever lived or travelled abroad?			
Have you been off work or school in the past 2 years because of ill health?			
Are you receiving any medical treatment/pills/injections?			
Do you smoke (a) cigarettes or (b) other tobacco products			For how many years? (a) How many per day? (b) How many per week?
Do you drink alcohol? (a) Amount per week: (b) Amount per week:			Beer: Spirits:
Have you ever been dependent on any drugs other than alcohol?			
Do you have any defect of sight or hearing?			
Have you ever been a registered disabled person?			Reg. Disabled No.....
Do you become breathless when walking on level ground with people of your own age group?			
Have you ever been medically examined when applying for employment within the National Health Service/Local Authorities/Armed Forces?			
Have you had any operations, illness or injuries which required hospital treatment or investigation?			

Have you ever had any of the following? Please tick box as appropriate. If YES give details including duration of illness and dates.

	YES	NO	DETAILS
Asthma, bronchitis, tuberculosis or other chest disease?			
Tonsillitis, sinusitis or ear infections?			
Fits, fainting attacks, giddiness, blackouts or epilepsy?			
Psychiatric illness including 'nervous breakdown' or depression?			
Heart trouble, including rheumatic fever or high blood pressure?			
Gastric or duodenal ulcer or other digestive or bowel disorders?			
Kidney or bladder disease?			
Back, shoulder or joint problem including prolapsed disc or strain?			
Arthritis or rheumatism?			
Blood disorders or anaemia?			
Diabetes, thyroid or other glandular disorder?			
Skin disease?			
Eye disease or poor vision?			
Ear disease including deafness?			
Hernia or rupture?			
Migraine or frequent headaches?			
Varicose veins or disorders of feet?			
Jaundice or hepatitis?			
Allergies or hay fever?			
Any other illness or disease not covered?			

