

HEALTH DECLARATION: Voluntary Workers Scheme

We want to be sure that we can reasonably expect you to be able to give an effective service, and we therefore ask you to provide us with some details about your health record. Each declaration we receive is considered individually and no decision to reject you on medical grounds will be made without further discussions with yourself.

The Natural Environment Research Council 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 <input type="checkbox"/> No <input type="checkbox"/>
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 most effectively (use a separate sheet if necessary)?
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 <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you now or in the past had any disease or complaint, other than normal childhood illnesses, colds and flus? (If yes, please give details including dates and treatment received) Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you now or in the past had any drug or alcohol related problem? (If yes, please give details, including dates and medication (if any) prescribed.) Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

6.	Have you now or in the past had depression or any stress related illness? (If yes, please give details, including dates and medication (if any) prescribed.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Have you consulted a doctor at any time regarding an illness or condition in the past five years? (If yes, please give details.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	What is the name and address of your GP? (medical emergency contact)	
	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 the Natural Environment Research Council may be terminated by the Natural Environment Research Council without notice.

Name

Signed Date

MEDICAL IN CONFIDENCE (WHEN COMPLETED)