

|  |  |
| --- | --- |
| **Name of Applicant** |  |

Fill in all sections of this declaration. Do not omit any relevant information. This information will be kept strictly confidential. You may be required to produce a letter from your General Practitioner to declare your fitness for work.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Have you ever had:** | | | | | | | | |
| **Chest X Ray** | ✓ | 🗶 | **Date** | D | M | YY | **Result** |  |
| **BCG Vaccination** | ✓ | 🗶 | **Date** | D | M | YY | **Result** |  |
| **Heaf / Mantoux Test** | ✓ | 🗶 | **Date** | D | M | YY | **Result** |  |
| **Hepatitis B**  **Immunisation** | ✓ | 🗶 | **Date** | D | M | YY | **Result** |  |
| **Rubella**  **Immunisation** | ✓ | 🗶 | **Date** | D | M | YY | **Result** |  |
| **Polio Immunisation** | ✓ | 🗶 | **Date** | D | M | YY | **Result** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Have you ever had a serious operation?** | | | | | | | |
| **Operation** |  | **Date** | D | M | YY | **Result** |  |
| **Operation** |  | **Date** | D | M | YY | **Result** |  |
| **Operation** |  | **Date** | D | M | YY | **Result** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you experienced any of the following medical conditions?** | | | | | |
| **Back Injury** | ✓ | 🗶 | **Black Outs** | ✓ | 🗶 |
| **Epilepsy** | ✓ | 🗶 | **High Blood Pressure** | ✓ | 🗶 |
| **Chest Pains** | ✓ | 🗶 | **Shortness of Breath** | ✓ | 🗶 |
| **Heart Disease** | ✓ | 🗶 | **Asthma** | ✓ | 🗶 |
| **Bronchitis** | ✓ | 🗶 | **Tuberculosis (or Exposure To)** | ✓ | 🗶 |
| **Diabetes** | ✓ | 🗶 | **Poor Eyesight** | ✓ | 🗶 |
| **Gastro-enteritis** | ✓ | 🗶 | **Dysentery** | ✓ | 🗶 |
| **Typhoid** | ✓ | 🗶 | **Hernias** | ✓ | 🗶 |
| **Stomach Ulcers** | ✓ | 🗶 | **Rheumatism / Arthritis** | ✓ | 🗶 |

Matrix SCM, 249 Midsummer Boulevard, Central Milton Keynes, Buckinghamshire, MK9 1EA 0844 371 4726 | www.matrix-scm.com 

Registered Number: 02227962 | VAT No: 249 5734 68



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measles** | ✓ | 🗶 | **Chickenpox** | ✓ | 🗶 |
| **German Measles** | ✓ | 🗶 | **Skin Allergies** | ✓ | 🗶 |
| **General Allergies** | ✓ | 🗶 | **Mental Health Problems** | ✓ | 🗶 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you had any other illness not mentioned above?** | | | | ✓ | 🗶 |
| **Nature of Illness** |  | | | | |
| **Date** | DD | MM | YYYY | | |
| **Treatment Received** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you had any sickness during the past month?** | | | | ✓ | 🗶 |
| **Nature of Illness** |  | | | | |
| **Date** | DD | MM | YYYY | | |
| **Treatment Received** |  | | | | |

I am currently in good health and fit for work, including right work. I agree that the information given is true to the best of my knowledge.

Failure to disclose any relevant information could lead to a revoking of your agency registration.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | | |
| **Date** | DD | MM | YYYY |

Matrix SCM, 249 Midsummer Boulevard, Central Milton Keynes, Buckinghamshire, MK9 1EA 0844 371 4726 | www.matrix-scm.com 

Registered Number: 02227962 | VAT No: 249 5734 68