

Medical form

Please note that all information in this form may be forwarded to your G.P. for verification as part of our candidate suitability selection procedure.

Applicant's name:	
Position applied for:	
NHS number:	
Doctor:	

General questions:			
Do you normally enjoy good health: Yes <input type="checkbox"/> No <input type="checkbox"/>			
How many days' absence have you taken in the past year due to ill health:			
Do you take any prescribed medication: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you suffer from any of the following conditions?			
	No	Yes	Medicated
Asthma			
Blood disorders			
Depression			
Diabetes			
Epilepsy			
Hay fever			
Heart conditions			
High blood pressure			
Kidney problems			

Mental illness			
Migraine			
Skin complaints			
Stress			

Do you suffer from any of the following conditions?		
If yes, please provide further details	No	Yes
Visual impairment		
Hearing impairment		
Mobility problems		
Emotional behavioural difficulties		
Temporary disability after illness		
Multiple disabilities		
Other physical disability		
Moderate learning difficulty		
Severe learning difficulty		
Dyslexia		
Dyscalculia		
Other specific learning difficulties		
Multiple learning difficulties		

Allergies	
Allergy	Please name individual allergies and give details:

Serious illness	
Illness	Please give details and date of any serious illness. Are you still suffering the effects of the illness?

Medical care	
Illness	If you have been under medical care during the last year please give dates, illness, treatment and duration:

Accidents and surgery	
Accidents / surgery	Please give brief details and dates of any serious accident or if you have undergone a surgical operation.

Have you ever suffered / suffer from any of the following diseases?	No	Yes
Hepatitis		
HIV		
Malaria		
Sexually Transmitted Disease		

Please state any other health problems which are recorded in your Health Record which you consider may impact on the job for which you have applied.

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Personal declaration

The information which I have given on this Medical Form is, to my knowledge and understanding, as accurate as possible.

Applicant's signature:

Date:

I give WorldShapers Academy permission to contact the Doctor named above to verify my health record and comment on my physical and medical suitability for the job for which I have applied.

Applicant's signature:

Date: