

# Velvet Glove Care

## PRE EMPLOYMENT HEALTH DECLARATION

In accordance with The Care Homes Regulations we are required to seek evidence that an employee is physically and mentally fit for the purposes of the work for which they are applying. Please complete the details below with reference to both your current state of health and any significant medical history that may relate to your ability to undertake the duties of your post. This information will be treated as confidential and does not affect your offer of employment. A false declaration may lead to termination of your employment.

Name \_\_\_\_\_ Position \_\_\_\_\_

1. Please give details of any serious illness/disabilities suffered in last 5 years:
2. How many days absence from work have you had in the last 12 months?
3. Please indicate any periods of absence due to illness lasting more than 2 weeks within the last 5 years.
4. Do you suffer, or have suffered from any back trouble or injury? Yes/No  
If yes please give details.
5. Are you willing to receive a medical examination if necessary? Yes/No
6. Are you, or do you consider yourself to be, a disabled person? Yes/No  
If yes describe disabilities and:
  - a) any reasonable adjustments which you feel should be made to the recruitment process to assist you in your application for the job.
  - b) any reasonable adjustments which you feel should be made to the job itself which would enable you to carry out the job.
7. Do you consider yourself to be physically and mentally fit for the position? Yes/No  
If not please give reasons.

If you wish to comment any further please use a separate sheet.

I acknowledge that the information is true and accurate to the best of my knowledge.  
I understand that a false declaration may lead to my employment being terminated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_