

MEDICAL HISTORY

IMPORTANT

Failure to disclose a pre-existing Medical condition may result in immediate action upon discovery

What is your general state of health? _____

Do you have any condition or ailment that would prevent you from fulfilling the duties required to perform this job satisfactorily?

If yes, please specify: _____

Do you experience or have you experienced any of the following conditions of ill health?

Visual Defects	Yes/No	Speech Defects	Yes/No
Blackouts	Yes/No	Sinusitis	Yes/No
Break Down	Yes/No	Duodenal Ulcer	Yes/No
Diabetes	Yes/No	Blood Pressure	Yes/No
Rheumatic Fever	Yes/No	Eczema	Yes/No
Kidney Disease	Yes/No	Hernia	Yes/No
Lumbago	Yes/No	Spinal Injuries	Yes/No
Mental Disorders	Yes/No	Head Injuries	Yes/No
Loss of Hearing	Yes/No	Asthma	Yes/No
Epilepsy	Yes/No	Abdominal Trouble	Yes/No
Gastric Ulcer	Yes/No	Nervous Disorders	Yes/No
Allergies	Yes/No	Arthritis	Yes/No
Any Condition which limits Bending Or Lifting	Yes/No	Any Respiratory Breakdown	Yes/No

Other: _____ Please Specify: _____

Declaration of Applicant:

I DECLARE THAT the answers to the foregoing questions are to the best of my knowledge true and correct in every particular; THAT if my application for employment is successful I will be bound by and at all times observe and respect such terms and conditions of employment and such policies and rules as may from time to time be promulgated, specified or others stipulated by my employer; THAT I understand that any false declaration made by me in the application subjects me to instant dismissal.

Signature of Applicant: _____

Dated: _____