

## **MEDICAL SCREENING (CONTINUED)**

25. Diabetes	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
26. Serious injury or operation. Have you ever been admitted to hospital, if yes give details:			
	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do you suffer from any defect or disability not included in the above? If yes give details:			
	<input type="checkbox"/>	<input type="checkbox"/>	
28. Roughly how many days have you had off work or school for illness including (period problems) over the past two years?		<b>DAYS</b>	
		<input type="text"/>	
Briefly state reason (s) _____			
29. Are you regularly receiving injections, pills, tablets or medicines from a doctor (other than contraception)? If so give details: _____			
30. What is your height? _____ and weight? _____			
31. Please record the last date (if known) that you received immunisation for: <p style="text-align: center;"><b>DATE</b></p> TETANUS _____ POLIOMYELITIS _____ RUBELLA (GERMAN MEASLES) _____ HEPATITIS B _____ BCG _____ DATE OF LAST CHEST X-RAY _____			
32. Do you wear Glasses?		<b>YES</b>	<b>NO</b>
		<input type="checkbox"/>	<input type="checkbox"/>
33. Do you wear Contact Lenses?		<input type="checkbox"/>	<input type="checkbox"/>
34. Do you wear a Hearing Aid?		<input type="checkbox"/>	<input type="checkbox"/>
35. Do you Smoke?		<input type="checkbox"/>	<input type="checkbox"/>
Have you been off work due to sickness or injury for more than four consecutive weeks? If yes: Brief Reason			
Have you consulted your Doctor during the last two years? If yes: Brief Reason			
Have you lived or been abroad in the last 10 years If yes: Brief Reason			
Have you ever been medically rejected for employment?			
I understand and acknowledge that should I knowingly make a false statement regarding my medical history either in answering the above questions or to my medical examiner, or should I conceal wilfully any material fact, I will, if engaged, be liable to have my contract terminated. In the event of any health queries I consent to my General Practitioner supplying relevant information to the Company Medical Officer at anytime regarding my health.			
Signed _____		Date _____	