SRF06 (A) Issue 01
SELF CERT MEDICAL (ANNUAL)
January 2010

Name.....

Address.....

The completion of this form is an integral part of the company's continuing commitment to ensuring the good health of its employees; the aim is to establish if there have been any changes to your health (since completion of the previous form 12 months ago) that could be attributed to the working environment thereby necessitating a review of current working practices and controls.

It is important to be accurate with your answers to this questionnaire, although there is no need to report trivial matters (e.g. transient dizziness whilst gardening since completing the last form one year ago).

NOTE – any declaration made that may later be found to be false may result in disciplinary action.

Please study this list and sign the declaration at the bottom. A copy of this form will be retained on your personal file.

Have you suffered from any of following? Please indicate '**√**' or '**X**' as appropriate.

Where the 'Yes' box is ticked appropriate details will need to be provided

	Illness	Yes	No	Details
1	Do you have diabetes needing insulin?			
2	Do you suffer from epilepsy?			
3	Have you had any blackouts, recurrent dizziness or any condition causing sudden collapse or incapacity?			
4	Do you get discomfort or pain in the chest or shortness of breath on exercise?			
5	Have you had any respiratory related illness (difficulty with breathing or coughing)?			
6	Has your ability to move quickly / easily over short distances on foot, including slopes, steps or rough ground worsened?			
7	Can you still look easily over either shoulder?			
8	Has your eyesight worsened (other than the need to wear glasses or contact lenses where required)?			
9	Has your hearing worsened making normal conversation difficult?			
10	Are you taking any medication that is causing you dizziness or drowsiness?			
11	Have you used any drug of abuse (not alcohol or tobacco)?			
12	Have you had any illness related to alcohol?			

Signed.....Date.....

For office use only	
Is medical examination required?	'Yes' / 'No' If 'Yes' –date of examination
Results from medical examination	
Any additional actions required?	