

Please complete this form and return it to Integra's head office. The information you provide is kept entirely confidential and is required to ensure the safety of you and others. Therefore, we require you to make full disclosure of any health-related issues you might have prior to commencing employment with us. Any points of uncertainty can be discussed further with your home manager or a director of Integra. Integra may require you to attend a meeting with a general practitioner prior to confirming your offer of employment or after commencing employment.

NAME (forename and surname)	
If any of the following apply or have applied in the past to you, please check yes or no as appropriate.	
Circulatory problems, such as varicose veins, phlebitis, thrombosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart problems, such as angina, high blood pressure, heart attack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest problems, such as asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy or fainting attacks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stress-related illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental illness or depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug or alcohol-related problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent operation or fracture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any current medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back trouble, joints, tendons, including wrist tendons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any injury giving rise to a claim for industrial injury, etc	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other significant health issue (eyes, hearing, allergies)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other reason (not covered above) why you may need an amendment to working conditions to undertake your duties as described in the job description	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the questions above, please give details. Please use a continuation sheet if necessary.	
If you have been off work for more than a two week period in the last five years, please disclose the reason for this and the duration of the time off work for each such occasion	
I hereby declare that the above information is correct to the best of my knowledge.	
SIGNATURE	DATE