

**Health Declaration Form**

The information on this form will be used to assess your medical suitability for the post that you have applied for. Hampshire County Council is an equal opportunity employer and will consider reasonable adjustments to assist you at work if you have a disability.

Last Name First Name

Date of Birth Post Applied For

Have you worked for HCC before? Y/N School Applied To

**Please answer the questions below as accurately as possible.**

1. Do you have any current physical and/or mental health condition(s) or disability? YES/NO *The Equality Act 2010 defines a disabled person as “a person who has (or has had in the past) a physical or mental impairment which has a substantial long term adverse effect on their ability to carry out normal day-to-day activities”*
2. Do you feel this may affect your work in this role (based on what you know from YES/NO the job description, interview and any previous experience)?

1. Do you have any past physical and/or mental health condition(s) or disability? YES/NO
2. Are you taking any medication or receiving any other form of treatment or have YES/NO had any treatment in the last 2 years?
3. Do you think you may require any adjustments or assistance to help you to carry YES/NO out the role?

**Absence history**

* How many days sickness absence have you had in the past 12 months ? \_\_\_\_\_\_ days

* Was this only one episode of absence? Yes / No

* If “No”, how many different episodes were there within this time? \_\_\_\_\_\_ episodes

**Declaration**

I declare this information to be a true statement to the best of my knowledge and belief and that I consider I am medically able to undertake this work:

Signed Date



 **The Data Protection Act 1998**: Your personal data will be processed for recruitment purposes. Information will be stored electronically as part of the recruitment process. Statistical reports will only be produced in anonymous form and your details will not be passed onto any third parties.

Please be advised that all information relevant to assisting in the management of the Occupational Health process will be printed and entered in the individual's OH file. This may therefore be disclosed under this Act.

**Statement:**

Where you have answered “yes” to any question, you will be required to complete a full Medical Questionnaire which will only be seen by Occupational Health for their assessment and will not be given to anyone else without your explicit permission. However, where you declare fraudulent information or withhold part of your medical history which prevents us from making an accurate assessment of your fitness, your right to confidentiality ceases. Our aim is to support and maintain the physical and mental health of all people at work.

The purpose of the assessment is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered, or place you at any risk in the workplace. In the consultation with you, we may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Occupational Health may contact you to request further details.