



SHEFFIELD HALLAM UNIVERSITY UNION OF STUDENTS

Pre-Employment Health Declaration Form

Pre-employment health screening is necessary in order to protect potential staff members from injury due to work for which they are not fit. It is also intended to check on the fitness of employees for tasks which involve a potential risk to the safety of other employees, students or the public.

This form will only be used to decide whether or not you will be referred to the Occupational Health Department for a more detailed assessment of your health and will **NOT** be used to decide whether a job offer is made. Therefore, please note that, the disclosure of any illness or disability will not disqualify applicants.

1. How many days of sickness absence have you had in the past two years? (Please tick one box)

- | | | | |
|--------------|------|----------------------|------|
| a) None | .... | d) 11-15 days | .... |
| b) 1-5 days | .... | e) More than 15 days | .... |
| c) 6-10 days | .... |  |  |

2. How many spells of sickness absence have you had in the past two years? (Please tick one box)

- | | | | |
|---------------|------|-----------------------|------|
| a) None | .... | d) 5-6 spells | .... |
| b) 1-2 spells | .... | e) More than 6 spells | .... |
| c) 3-4 spells | .... |  |  |

3. Do you currently, or have you ever suffered from any of the following medical conditions?

Back Injury	YES/NO	Epilepsy	YES/NO	Asthma/Bronchitis	YES/NO
Diabetes	YES/NO	Skin Disease	YES/NO	Heart Disease	YES/NO

4. Do you consider yourself to be disabled YES/NO

If yes, please give details:

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5. Are you a smoker? YES/NO

6. I declare that my answers to the above questions are true. I accept that if it becomes clear that I have withheld any relevant information I will be disqualified as a candidate. Should this be discovered after appointment, I accept that I will be liable to dismissal without notice.

Surname:

First Name:

Signature:

Date:

Post Applied For: