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**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Particulars**

All answers to the following questions remains in the strictest confidence.

Have you or do you suffer from any injury, illness or condition either past or present which may affect your ability to perform all the duties, required by the position(s) applied for.

**Please circle any problem areas:**

|  |
| --- |
| **Back Neck Leg Knee Ankle Arm Elbow Wrist** |

 **Any other illness or conditions Yes No**

**Do you have an allergy for which Yes No
 you carry medication?**

**Please tell your work mates and supervisor so that they can help you quickly should anaphylaxis (sever reaction) occur.**
If yes please detail specific duties that may be considered unsuitable with respect to your past or present medical condition.

I ………………………………………… give permission for the first aid officer to perform first aid in case of an accident.

I, the above declare the information provided are to the best of my knowledge and true, nothing affecting my employment or ability to work has been withheld.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **For applicants less then eighteen years of age the signature of a parent or guardian is required**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_