

# Your Health



with us it's personal®

Ref/Applicant No. (For Royal Mail use only) \_\_\_\_\_

As this form may be sent to our employee health service providers, Atos Origin, we do need to ask for your personal details again.

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please specify) \_\_\_\_\_

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact Telephone Number(s) \_\_\_\_\_

Please answer the following questions as fully as possible. The information you give will be treated in strictest confidence.

Date of birth

Please give your height and weight, without shoes  cm/ft\*  kg/lb\* (\*delete as appropriate)

## Please tick yes or no for the following

	Yes	No
Do you have any current health problems? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any operations? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any major illnesses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Have you been declined a job due to health problems, or been medically retired? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any prescribed medication? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are you having tests for any health condition? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses or contact lenses? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Are you colour blind? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

If you smoke, how many cigarettes per day?

If you drink alcohol, how many units per week?

## Have you had any problems with

	Yes	No
Hearing? If yes, please tell us overleaf, how you communicate in an emergency. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Recurring headaches or migraine? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or unexplained blackouts? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Hands, wrists, limbs, back, muscles or joints? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Ruptures or hernias? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Psychological disorders, such as stress, anxiety, depression or mental illness? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Heart, blood pressure or circulation? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Breathing or chest conditions, such as asthma or bronchitis? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Digestive function, such as peptic ulcer, irritable bowel syndrome or indigestion? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
A stroke? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Any serious head injury, such as a fractured skull or haemorrhage? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered **yes** to any of the above questions, please provide further details, including dates overleaf, and if applicable, let us know how many days from work or school you missed as a result. Please continue on a separate sheet if necessary.

## Do you consider yourself disabled?

What is the nature of your disability? \_\_\_\_\_

Please tell us below of any adverse effect your disability has on your ability to carry out normal day to day activities:

## Applicants for Night Shift Jobs only

Please let us know overleaf if you are aware of anything that may cause you problems while working on nights.

## This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

By signing below, I declare that to the best of my knowledge, the information I have given on this form is true and correct. I understand that the information I have provided in this health declaration form may be released to your occupational health service provider, Atos Origin. I also understand that Atos Origin may contact me by telephone – or request I attend an appointment to assess my suitability for this specific job role – and will provide a report regarding my suitability to Royal Mail Group. I agree that Atos Origin, if required, may contact my GP/Hospital Specialist for a report on my health.

**Your GP's name and practice address, including postcode:**

**Hospital Specialist name and address, including postcode:**

For your information, personal data provided on this form will be held and used in accordance with the Data Provision Act 1998 and treated as confidential. This data may be verified by reference to information held by others.

Under the terms of the above act you have the right to withhold your consent to Atos Origin to apply to your General Practitioner/Hospital Specialist for medical information.

If you give your consent you have the right to see the information in the report before it is sent to Atos Origin.

You have 21 days from the date of the letter notifying you that a report has been requested, in which to ask your General Practitioner/Hospital Specialist to let you see the report. They will tell you if you cannot see any part of the report for professional medical reasons. If you are given access to the report your General Practitioner/Specialist will not send it to Atos Origin until you give your consent.

If you regard any information in the report as incorrect or misleading you can ask, in writing, for it to be amended. (Please note, if your General Practitioner/Hospital Specialist does not accept that the information is incorrect or misleading, they are not required to make any amendment, but in these cases they will invite you to prepare a written statement on the disputed information, which will be attached to the report when it is sent to Atos Origin).

Subject to the provision of the Act, you have the right to see information about your medical condition for up to six months after it has been sent to Atos Origin. If your General Practitioner/Hospital Specialist gives you a copy of the report, they may charge you a reasonable fee to cover the cost of supplying it.

With reference to the Access to Medical Reports Act 1988, I wish to see any such report before it is sent to Atos Origin. Yes ☐ No ☐