



CARENZA CARE

Confidential Health Check Form

Please enclose with your application form

Name _____

Position to be filled _____ Date _____

Address _____

Name and address of your doctor _____

Please answer the following questions giving details with positive answers

1. Have you ever suffered any of the following?

a) Depression, anxiety, nervous illness or breakdown _____

b) Epilepsy or disease of the nervous system _____

c) Ailment of lungs or chest _____

d) Spinal problems _____

e) Arthritis, rheumatism or gout, etc. _____

f) Any heart or circulatory, including blood problems _____

g) Illness of the digestive system _____

h) Illness of the kidneys, bladder, liver or glands _____

I) Diabetes _____

j) Major accident, operation or physical defect _____

k) Skin disorder _____

2. Are you presently taking medication or undergoing treatment? If so, give details

3. What is your average daily consumption of?
 - a) Alcohol _____ b) Tobacco _____

4. Are you Registered Disabled? _____

5. How many working days have you been absent from work due to illness during the last 12 months _____

This space may be used to provide additional information

Please read carefully before signing.

1. I declare that the answers given above are true and correct and give a full and complete picture of my health in every respect.

2. I give the Company permission to contact my doctor for further particulars of my medical records should the Company so decide.

3. I am prepared to undergo a medical examination if this is required.

4. I understand and accept that if any of the information given in this document is incorrect or untrue, the Company may immediately terminate my employment.

Signed: _____ Date: _____