

VGC medical self-declaration



This questionnaire is to ensure that you can safely carry out the duties of your role after taking into account any reasonable adjustments. This information will be kept confidential.

1. Medical conditions

Please tick if you currently suffer from any of the following conditions

Condition	Yes	No	Condition	Yes	No
Asthma (requiring an inhaler)			Significant mobility problems		
Diabetes (insulin dependent)			Back or disc related pain		
Epilepsy or fits			Drug/alcohol addiction in last 12 months		
High or low blood pressure			Hearing difficulties		
Heart or circulatory disorders			Hernia		
Blackouts/recurrent dizziness causing sudden incapacity			Visual difficulties (other than wearing glasses)		
Vibration white finger or any HAVs related condition			Any other relevant health condition – please specify		

2. Medication

Please provide details of any medication - prescribed or over-the-counter - that you are currently taking or may take, which may affect your fitness for the work associated with this application.

Please include frequency, dosage and any side effects suffered.

3. General

Is there anything in your medical history/current health that requires reasonable adjustments to your working environment? If yes, please provide details. YES / NO

Are you currently under any medical surveillance ie lead, asbestos, HAVS? If yes, please provide details. YES / NO

Do you wear glasses or contact lenses for normal vision? YES / NO
If you are engaged to work on the Network Rail infrastructure and need a prescription for normal vision you must not report for duty wearing contact lenses unless you are carrying a spare pair of spectacles of equivalent prescription as per NR/L2/OHS/00124

4. Returning to work after period of sickness absence

Are you returning to work following an absence certificated by a doctor/hospital? YES / NO

Have you obtained a certificate from your doctor stating you are fit for work? YES / NO

Are there any restrictions on the work you are able to carry out (please provide details)? YES / NO

By signing below you are declaring your fitness to work.

5. Declaration

I declare that all the information I provided in this questionnaire is correct. If any of my medical/health circumstances change in regard to any of the information I have provided on this form, I will immediately inform my VGC labour manager or the human resources department.

Full name _____ Signature _____ Date _____

For office use only

Form reviewed by _____ Date _____

Reviewers comments:

Are they a safety critical worker? YES / NO Medical self-declaration review date _____