NEW CENTURY RESOURCES

MEDICAL DECLARATION

FORM 4.1.3

PERSONAL DETAILS			
Surname:		**First Name:**	
Date of Birth:		**Gender:**	
Next of Kin (NOK)		**NOK Contact:**	
Do you have a condition, disability or impairment that NCR should be aware of for your safety and or the safety of others or for any other reason?			

MEDICAL CONDITIONS:		YES/ NO	MEDICAL CONDITIONS:		YES/ NO
1.	Heart Problems; E.g. Chest pain, rheumatic fever		8.	Ear Conditions; E.g. Hearing loss/deafness, tinnitus.	
2.	Lung Problems; E.g. Asthma, Bronchitis, Pleurisy.		9.	Visual problems: including wearing glasses or contact lens	
3.	Blood Pressure Problems.		10.	Skin Conditions ; E.g. Eczema, Dermatitis.	
4.	Diabetes; E.g. High Blood Sugar		11.	Repetitive Strain Injury; E.g. Tennis Elbow, RSI, Carpal Tunnel.	
5.	Epilepsy, Fainting, Fits, Blackouts or Dizzy Spells.		12.	Back Complaints or Injuries.	
6.	Head Injury.		13.	Muscle, Tendon or Ligament Problems.	
7.	Any other chronic (ongoing) medical condition.		14.	Any significant operations, injury or condition.	

***If you answered YES to any of the above – Provide details:**

Number	Detail:

Current Medication	*Allergies*
Name of medication/dose/how often you take it.	***Name of allergen and type of reaction***

Declaration – I confirm the above information to be correct to the best of my knowledge.

Sign:	**Date:**