Ascent Care, Training and Supplies Ltd.
Registered Office: Unit 2A, Sadd's Yard,
Skelmerdale Road, Clacton-on-Sea, Essex.
01255 434347 / 07508238148
admin@ascent-care.com www.ascent-care.com

Health/Fitness Declaration Form

Personal Details			
Name		Other names	
Address		Date of Birth	
		Tel. No:	
GP name and Address:			

Do you have, or have you suffered from any of the following?

Condition	No	Yes	
		Dates	Details
Diarrhoea / vomiting for over two days			
Discharge from the ears /eyes / nose			
Fits or blackouts			
Frequent infection of the upper respiratory tract (colds, sinusitis, sore throat etc)			
Mental Health problems – stress, hypertension, addictions, depression, or anxiety attacks			
Migraines and other severe headaches			
Recurrent boils, styes, septic fingers etc.			
Salmonella infection			
Severe chest conditions like skin rashes, eczema, dermatitis, or other skin diseases			
Bronchitis with phlegm, Pleurisy, Tuberculosis (TB)			
Typhoid fever /Paratyphoid fever/ Enteric fever			
Problems with the heart and/ or circulatory system, such as Angina, abnormal blood pressure, Anaemia			
COVID-19 or symptoms relating to the disease			

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Problems with the sight or hearing e.g. colour blindness or hard of hearing			
Have you been an in-patient or out-patient at a hospital in the last five years?			
Have you had treatment for any			
condition relating to the abuse or misuse of alcohol or drugs in the last five years?			
Are you on any regular medication?			
Have you suffered from back strain, slipped disc, or other conditions of the back, joints, or ligaments?			
Are you registered disabled?			
Have you ever been refused a Drivers' licence due to health reasons?			
Have you ever had medical insurance refused, or offered subject to special conditions?			
Have you ever been refused employment, or had your employment terminated due to health reasons?			
Are you prepared to undergo a medical examination?	**Yes / No**		
Do you give us consent to contact your GP?	**Yes / No**		

Any other relevant information:

I confirm that the answers I have given to these questions are true, and accurate to the best of my knowledge

Full name: ………………………………………………………………………. Signature: ……………………………….. Date: ………………………