Remote Medic UK

Health screening and declaration

CONFIDENTIAL

Title	**Grade**	**Intended Role**
Surname		**Date of Birth**
First Names		**male / female**
Address		
Height (cm)		**Weight (kg)**
GP Name		**GP contact No.**
GP Address		

	Yes	**No**	**Details**
Do you have any medical problems (including long-term health problems, anything that you see a doctor for regularly or take any medication for)?			
Have you had any previous surgery?			
Do you have any allergies to medicines?			
Do you have any other allergies?			
Do you take any medicines regularly (including inhalers, over the counter medicines and herbal remedies)?			
Have you ever been medically retired or turned down for a job or insurance policy because of your health?			
Are you registered disabled?			
Do you suffer from heart disease, chest pain or high blood pressure?			
Are you able to participate in prolonged or strenuous activity?			
Is your activity ever limited by shortness of breath or chest pain? (If so after what distance walking along the flat would these symptoms usually occur?)			
Are you able to climb a flight of stairs without having to stop because of shortness of breath or chest pain?			
Do you suffer from or have you ever suffered from bronchitis, asthma or chest problems?			

	Yes	No	Details
Do you suffer from or have you ever suffered from or been knowingly exposed to tuberculosis (TB)?			
Do you have learning disabilities or learning difficulties (including dyslexia)?			
Do you suffer from or have you ever suffered from blackouts, seizures or epilepsy?			
Do you suffer from or have you ever suffered from severe headaches or migraine requiring medication?			
Have you had a stroke or TIA (mini stroke)?			
Do you have, or have you ever had a problem with drugs or alcohol dependence?			
Do you have or have you ever had any mental health problems or conditions?			
Do you suffer from or have you ever suffered from stress, anxiety, depression?			
Do you suffer from or have you ever suffered from back, neck or joint problems?			
Do you require the use of a wheelchair, frame stick or mobility aid?			
Are you able to walk distances up to 1 mile without stopping?			
Are you able to lift, carry and move equipment and patients in accordance with current guidelines?			
Are you able to participate in the lifting and manual handling of patients from the floor?			
Are you able to stand for prolonged periods of time?			
Do you suffer from or have you ever suffered from indigestion or peptic / gastric ulcers?			
Do you suffer from or have you ever suffered from hernias?			
Do you suffer from or have you ever suffered from Diabetes (if so is it type 1 or type 2, is it well controlled and do you take insulin)?			
Do you suffer from or have you ever suffered from visual problems (other than wearing glasses or corrective lenses)?			
Do you suffer from or have you ever suffered from hearing problems?			
Do you suffer from or have you ever suffered from balance problems?			

	Yes	No	Details
Are you pregnant? (if so please give estimated date of delivery)			
Do you have any skin conditions?			
Have you ever had a positive Hepatitis B or C test?			
Have you ever had a positive HIV test?			
Have you been immunised against tetanus?			
Have you been immunised against Hepatitis B? (if yes, please enclose laboratory evidence)			
Is there any other information that you feel we should be aware of to ensure your safety and well-being while involved in RMUK activities?			

Declaration

I declare that the information I have given on this form is correct to the best of my knowledge and I undertake to inform RMUK in writing of any alteration in my state of health or fitness. I understand that false or misleading information could lead to disciplinary action.

I give permission for the RMUK Clinical Director to contact my GP with regard to any health matter that may affect my safety or well-being whilst involved in RMUK activities.

Your signature	**Date**

For office use only

Reviewed by Medical Directorate (date)	
Medical Required (Yes / No)	
Outcome of medical or other investigations	
Occupational Medical Advisor Signature	