

HEALTH DECLARATION

(Confidential)

HEALTH DECLARATION FOR THE POSITION OF _____
(To be completed by shortlisted applicants)

I, (Full Name) _____

have read the job description and position competencies for the above position. In particular, I have noted the **“Physical Attributes”** section.

I declare that either (tick one box):

I have no health condition or disability which would prevent me from undertaking the requirements of this position in a manner which is safe for me and others.

OR:

I have the following health condition or disability which will either **limit my ability to undertake the requirements of this position, or which will require adaptations to the workplace or work procedures** to enable me to undertake the requirements of this position in a manner which is safe for me and others:

I have / have not (*delete one*) had any health problems, including one which results from any accidental injury or medical condition caused by gradual process, disease or infection which may be aggravated by my working at the job for which I am applying, or which may reduce my ability to carry out efficiently all the duties required of me. For example, noise induced hearing loss, OOS (Occupational Overuse Syndrome), chemical sensitivity in the form of dermatitis, allergies, back problems, respiratory problems, **latex allergy**.

The injury or condition and the accommodations that would be required to enable me to perform this position are listed below:

I give my consent for the MidCentral District Health Board Occupational Health Physician (or in that person’s absence, MidCentral District Health Board appointed deputy) to co-ordinate the assessment of any health condition or disability which I have declared, and I understand that this may involve me being requested to undergo a medical examination.

I understand that this information is confidential to MidCentral District Health Board and will be subject to the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994.

I understand that withholding of information or providing incorrect information in this questionnaire could disqualify me as an applicant, or, if appointed, render me liable to dismissal.

I declare to the best of my knowledge and belief the information I have given above is correct.

Signature _____ Date _____