



Caring for Life

IN MEDICAL CONFIDENCE

ST. JOHN AMBULANCE HEALTH DECLARATION

TITLE DR. / MR / MRS / MISS / MS / OTHER	
SURNAME	DATE OF BIRTH
FIRST NAME(S)	
ADDRESS	
POST CODE	
TELEPHONE NUMBER	
HEIGHT cm or ft/ins	WEIGHT kg or st/lb
INTENDED ROLE IN ORGANISATION	ST. JOHN UNIT

For the safety of yourself and others in the organisation, it is necessary to know if you have **EVER** suffered from any of the following medical problems. Your answers will be kept in medical confidence. Do not omit any section.

	YES	NO	If yes, please give brief details
Do you have any mental and / or physical problems at the present time?			
Have you had any major illness / operative treatment in the last 5 years?			
Are you on any prescribed medication at the present time?			
Have you ever had a problem with drugs or alcohol?			
Have you ever been turned down for a job, insurance policy or been medically retired because of your health?			
Are you pregnant? If so please give estimated date of delivery.			

HAVE YOU EVER CONSULTED A DOCTOR ON ANY OF THE FOLLOWING PROBLEMS?

	YES	NO	If yes, give brief details on treatment and time
1. Heart disease / high blood pressure			
2. Bronchitis, asthma, chest problems			
3. Blackouts, seizures, epilepsy			
4. Severe headaches / migraine requiring medication			

5. Stress, anxiety, depression, mental conditions			
6. Back, neck or any joint problems			
7. Rupture or hernia			
8. Indigestion or peptic ulcer			
9. Diabetes			
10. Hearing problems			
11. Visual problems			
12. Allergies (please specify)			
13. Have you been immunized against Hepatitis B and Tetanus?			

DECLARATION:

I declare that the information I have given on this form is correct.

I undertake to inform the County Medical Officer of any alteration in my state of fitness whether temporary or permanent and any changes in my role (**NOT** rank) within St. John Ambulance.

I understand that false or misleading information could lead to my removal from St. John Ambulance membership.

SIGNATURE:

DATE:

(Parents / guardians with legal responsibility for members under 16 should sign on their behalf. Please indicate relationship)

RELATIONSHIP: