



**Medical Declaration Form – Treated in Strict Confidence**

*All questions must be answered with either Yes/No or None, please do not use **N/A** failure to complete the form correctly will delay your application and the form will be returned to you.*

1. Surname	2. Forenames
3. Height (metric – without shoes)	4. Weight (metric – in indoor clothes)
5. State name and address of your usual doctor	
6. Have you ever been rejected for or discharged from any form of national or other service or employment for medical reasons? If "yes" state where, when and why	
7. Have you ever lost time from work for a period exceeding one week on account of illness or injury? If "yes" state approx. dates, time lost and reasons	
8. How much time have you had off work for each such occurrence in total (not holidays) in the last 2 years? Reason:	
9. Have you ever received: a) disability payments (including National Health Benefits) b) compensation for any illness or injury sustained at work If "yes" give details.	
10. Give details of time spent as an in-patient in hospital, clinic, nursing home, etc.	
11. Give details of any X rays or other medical investigations that you have had (where, when and why)	
12. Are you suffering from any medical condition at this time? If "yes" give details	
13. Are you taking or do you routinely take any drugs or medications? If "yes" give details	
14. Do you drink alcohol? If "yes" in what form and how many units per week?	
15. Do you smoke? If "yes" in what form and quantity?	
16. Do you normally enjoy good health?	

Have you any history of:	Yes	No	If "yes" give details, dates and doctor or hospital
17. Colour blindness			
18. Blood conditions such as anaemia			
19. Claustrophobia			
20. Nervous or mental illness			
21. Recurrent headaches or migraine			
22. Head injury or concussion			
23. Tuberculosis			
24. Pneumonia, bronchitis or other illness affecting lungs			
25. Asthma			
26. Hayfever or other allergy			
27. Illness affecting the heart			
28. Rheumatic fever			
29. Illness affecting the stomach or bowel			
30. Bowel condition or IBS			
31. Illness affecting the kidneys or bladder			
32. Diabetes or endocrine disorder			
33. Disease of the nose, throat or ears			
34. Skin complaints			
35. Motion sickness			
36. Rheumatism, arthritis or any trouble with limbs or spine			
37. Surgical operations			
38. Any illness not mentioned above			
39. Has your weight changed more than 5kg (12lb) in the last 12 months?			
40. Do you have any hearing problems / difficulties?			
41. Do you have any eyesight problems / difficulties with / without glasses or contact lenses?			
42. Do you suffer or have you suffered from any back problems?			
43. Have you ever resided or otherwise associated with any person suffering from tuberculosis? If "yes" state where and when			
44. Have you any family history of high blood pressure, heart disease, diabetes, cancer? If "yes" give details			
<b>AIRCREW ONLY ANSWER THIS SECTION</b>			
45. How long ago did you last travel on an aircraft?			
46. Have you ever experienced any symptoms of deafness or ear discomfort after air travel?			
47. Have you ever suffered from thrombosis or blood clot in a leg?			

I hereby declare that the answers to the aforementioned questions are correct to the best of my knowledge and belief, and that I have not withheld any relevant information or made any misleading statements. I understand that incorrect answers may prejudice my employment with Monarch.

**I am aware that further action may be required to investigate a medical condition and that additional information will be provided to me in relation to this at a later date, if applicable.**

**Signed:** \_\_\_\_\_ **Date** \_\_\_\_\_