

1. DO YOU HAVE ANY MEDICAL CONDITIONS OR RESTRICTIONS PHYSICALY OR OTHERWISE WHICH MAY AFFECT YOUR ABILITY TO UNDERTAKE INSTRUCTIONAL DUTIES?

IF YES, PROVIDE DETAILS YES NO

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2. DO YOU REQUIRE ANY SPECIAL SERVICES OR FACILITIES TO UNDERTAKE INSTRUCTIONAL DUTIES?

IF YES, PROVIDE DETAILS YES NO

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3. ARE YOU TAKING REGULAR MEDICATION PRESCRIBED BY A MEDICAL PRACTITIONER THAT MAY AFFECT YOUR ABILITY TO UNDERTAKE INSTRUCTIONAL DUTIES?

IF YES, SPECIFY MEDICATION AND REASON FOR USAGE YES NO

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4. HAVE YOU EVER SUFFERED FROM ANY MENTAL OR EMOTIONAL DISORDERS, INCLUDING AN ANXIETY OR DEPRESSIVE STATE THAT REQUIRE MEDICAL SUPPORT?

IF YES, PROVIDE DETAILS (INCLUDE DATES)..... YES NO

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5. DO YOU HAVE ANY DIFFICULTIES WITH VISION, VOICE OR HEARING WHICH MAY AFFECT YOUR ABILITY TO UNDERTAKE INSTRUCTIONAL DUTIES?

IF YES, PROVIDE DETAILS YES NO

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6. HAVE YOU EVER BEEN REJECTED OR DEFERRED AS MEDICALLY UNFIT FOR SERVICE IN THE ARMED FORCES, FOR LIFE INSURANCE, FOR PERMANENT APPOINTMENT TO A GOVERNMENT DEPARTMENT, OR TO PARTICIPATE IN ANY SUPERANNUATION SCHEME?

IF YES, PROVIDE DETAILS (INCLUDE DATES) YES NO

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7. HAVE YOU EVER HAD ANY SURGICAL OPERATION, A SERIOUS ACCIDENT, OR ANY SERIOUS MEDICAL CONDITION NOT OTHERWISE MENTIONED THAT MAY AFFECT YOUR ABILITY TO UNDERTAKE INSTRUCTIONAL DUTIES?

IF YES, PROVIDE DETAILS (INCLUDE DATES)..... YES NO

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8. HAVE YOU EVER BEEN IN RECEIPT OF WORKERS COMPENSATION?

IF YES, PROVIDE DETAILS (INCLUDE YEAR AND STATE) YES NO

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