

A STATEMENT OF A PERSON UNDER CONSIDERATION WHO DOES NOT HAVE A REGISTERED PRACTITIONER

Full name:

Permanent address:

Date of birth: Identity card number: 1).....

I declare that

a) I feel healthy and I am not aware that I have a condition, a defect or a disease that would prevent me from doing the job under consideration 2)

b) I do not feel well, I have the following health problems 2)

.....

c) I feel good but I have the following condition, defect or illness 2)

.....

d) I regularly use the following medicines

.....

e) I use – I used 2) regularly - not regularly 2) these addictive substances

.....

The full name, or names and address of the medical practitioner, who has treated or is treating the person under consideration

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I declare that I am not registered with any GP and that I do not have my medical records kept at any GP's.

I hereby declare that the information provided is true and correct.

In Date

.....
Signature of the person under consideration

1) Identity card, passport
2) Delete as appropriate