Keysight Employment Health Self Declaration Form

STRICTLY CONFIDENTIAL

To,

Keysight Technologies	India /	International	India	Private	Limited:

This	Employment	Health	Self D	eclaration	Form	is	being	filled,	signed	and	submitted	by	me	under	my
signa	ture as a pro	of of my	medica	al fitness to	under	tak	e and	produc	tively pe	erform	n my duties	as	requ	ired u	nder
the c	onditions of	my em	ploymer	nt with Ke	eysight	for	the	position	of						
(desi	gnation/natur	e of job).													

I agree that failure to disclose any health issue or any relevant matter related to my health may result in withdrawal of the letter of offer from Keysight or may affect my employment status, if already employed with Company.

I also agree to undergo medical tests with designated medical practitioners if it is considered expedient by Keysight Technologies. I further declare that I am not indulging / indulged in any drug abuse activity or similar medical habit that is socially unacceptable.

I understand that the information being submitted by me under this declaration will be kept strictly confidential by Keysight. Keysight reserves the right to refer to the information submitted hereunder in the event of an accident, sickness, injury during the course of my employment with the Company. The information will be made available on a need to know basis and is deemed as a self certification of my overall fitness for employment with the Company.

Pos	t Applied for :							
SE	ECTION A	AP	PLICANT	DETAILS				
Title	e Miss/Mrs/Ms/	'Mr	Surname	First name)			
SE	CTION B	ME	DICAL D	ETAILS				
1			atment/medication. YES/NO					
2	or an insurance	policy.	nsidered medically unfit for any previous employment, life YES/NO					
3	History of any h	ealth pr	oblems, sy	mptoms or injuries and hospitalisation oquestion 1, 2 and 3	YES/NO			
4	Existence of any Details, if any -	y disabi	ity which w	ould impact the job for which I am employed	/ offered employr	nent.		
	a							
	b							
	C							
	d							

e
f
5 Any material medical information considered relevant
Details
SECTION D DECLARATION
I hereby declare that all the above answers are, to the best of my belief, true and complete and I have not withheld any information, which would help in determining my medical fitness for the post for which I am being considered.
I understand that failure to disclose any material information could lead to my appointment being terminated.
Name
Date
Residential Address:
Contact No:
Contact e mail: