

EMPLOYEE MEDICAL HISTORY DECLARATION

(TO BE COMPLETED IN ENGLISH ONLY AND UPLOADED ON THE CANDIDATE PORTAL)



Full Name: NGUYEN THI CHAU GIANG	Application Number: 1015915516	Sex: Female
Nationality: Vietnamese	Date of Birth: 15/02/1996	Age: 27
Email ID: chloe.ng152@gmail.com	Marital Status:	

Do you have or have you ever had:	No	Yes	For 'Yes' provide details on date of onset of condition, diagnosis, past or current treatment details and current status and/or relevant available medical reports
1. Frequent or severe headaches or migraines	✓		
2. Head injury or concussion	✓		
3. Dizziness, fainting or blackouts	✓		
4. Fits, convulsions or epilepsy	✓		
5. Depression, anxiety, bipolar, phobias or any other mental health disorder or illness	✓		
6. Eating disorders e.g. anorexia or bulimia	✓		
7. Any tropical diseases e.g. Malaria or Dengue fever	✓		
8. Tuberculosis (TB)	✓		
9. Anaemia, sickle cell disease or any other blood disorders	✓		
10. Positive HIV test	✓		
11. Positive Hepatitis B surface antigen (HBsAg) test	✓		
12. Positive Hepatitis C antibodies test (Anti HCV)	✓		
13. Positive VDRL (test for Syphilis) or untreated syphilis	✓		
14. Asthma, Hay fever or any other respiratory problems	✓		
15. Any history of allergies to medications, food or vaccinations. If yes:	✓		
a. Do you have a history of anaphylaxis	✓		
b. Have you ever required hospitalization for reasons of allergy	✓		
c. Do you require ongoing carriage of Epipens	✓		
16. Heart complaints of any kind e.g. heart attack, angina, irregular heartbeats, heart surgery, heart disease	✓		
17. High blood pressure- If you have had a recent blood pressure reading, please provide its result	✓		
18. Coughing or vomiting blood	✓		
19. Stomach pain or bowel problems other than occasional indigestion e.g. ulcers, hemorrhoids, acid reflux, etc.	✓		

EMPLOYEE MEDICAL HISTORY DECLARATION (continued)



Do you have or have you ever had:	No	Yes	For "Yes" provide details on date of onset of condition, diagnosis, past or current treatment details and current status and/or relevant available medical reports
20. Passing blood in urine or faeces	✓		
21. Kidney or bladder diseases e.g. kidney stones	✓		
22. Diabetes, impaired glucose regulation, thyroid disease or any other endocrine disorders like increased prolactin levels, etc.	✓		
23. Raised cholesterol/abnormal lipid profile	✓		
24. Sleep problems lasting for more than a few days or snoring problems (obstructive sleep apnoea)	✓		
25. Corrective eye surgery or eye problems, other than wearing glasses or contact lenses	✓		
26. Nose, Throat, Speech disorders or Sinus problems	✓		
27. Ear or hearing problems or hearing aids	✓		
28. Skin diseases	✓		
29. Back trouble e.g. lumbago, sciatica, slipped disc or significant scoliosis	✓		
30. Rheumatism, Arthritis, joint or limb problems	✓		
31. Any Surgical operations including cosmetic procedures	✓		
32. Growths, tumours or malignancies (cancers)	✓		
33. If Female; any cervical (PAP) smear issues	✓		
Date and results of the last Pap smear test if undertaken	✓		
34. If female, any gynaecological problems	✓		
35. Any serious injury, e.g. fracture or dislocation or any ongoing problems	✓		
36. Any admissions to the hospital	✓		
37. Any learning difficulties e.g. dyslexia	✓		
Note: If "yes" what support would you potentially require?			
38. Any illness not mentioned above	✓		
39. List any medications/food supplements/diet pills/herbal treatments or other substances that you are currently taking with brief on medical condition	✓		
40. Any illness that caused you to take time off work for a period longer than 20 days in a single year	✓		
41. Have you ever been found medically unfit for military service or insurance?	✓		
42. Have you ever been charged with an offence relating to drugs or alcohol?	✓		

EMPLOYEE MEDICAL HISTORY DECLARATION (continued)



Do you have or have you ever had:	No	Yes	For 'Yes' provide details on date of onset of condition, diagnosis, past or current treatment details and current status and/or relevant available medical reports
43. Family history e.g. heart disease, diabetes, kidney disease, cancers, glaucoma, epilepsy, tuberculosis, depression/anxiety or inheritable diseases or sudden unexplained death	<input checked="" type="checkbox"/>		
44. Alcohol: Do you drink & how much per week? (state units)	<input checked="" type="checkbox"/>		
45. Tobacco: Do you smoke (including pipes, cigars, sheesha) and how much per day?	<input checked="" type="checkbox"/>		
46. Please provide your height and weight and calculate your BMI (Do not complete if medical examination is requested) Note for cabin crews: It is important to be accurate in your calculations. Height, weight and BMI will be validated upon joining.			Height= 165cm Weight= 53 kg BMI = 19.5 Weight in kilograms divided by (height x height in metres): e.g. 65kg / (1.68x1.68) = BMI 23
47. Declare if currently pregnant in order for us to provide you details on your Medical Benefits and HR Policy	<input checked="" type="checkbox"/>		

I hereby declare that I have completed the questions above accurately and that I have not withheld any relevant information or made any misleading statement. I understand that if I have made any false or misleading statements in connection with this application, or fail to provide supporting medical information where required, the company may, at its discretion withdraw my offer of employment or terminate my contract of employment. In addition failure to disclose pre-existing medical conditions will, in certain circumstances, invalidate insurance policies such as medical insurance, life and personal accident insurance provided by the company.

I confirm that should any of the above information change between now and joining Emirates, it is my responsibility to notify the Talent Acquisition On boarding team immediately.

I authorize Emirates Medical Services and Emirates Medical Benefits to obtain the medical records, reports and test results associated with my pre-employment medical declaration, either in original hard-copy form or via access to electronic data systems, as may be required to determine my medical suitability for participation in the Emirates medical insurance scheme; to determine my medical suitability for proposed employment and in connection with any future medical care I may obtain from Emirates Medical Services. The information contained on the form will be held in confidence by Emirates Medical Services and Medical Benefits and used only for this purpose; however in the event of any doubt as to whether my medical status is compatible with the position I have been offered, I hereby consent to the release of summary details which will be provided to the recruitment specialist dealing with my application and to my prospective line manager.

Candidate's name (Block Capitals): NGUYEN THI CHAU GIANG

Date: 02/08/2023

Signature: 

NOTE: This form is to be countersigned by the physician who will be performing the medical examination (where applicable).

Doctor's name (Block Capitals):

Date:

Signature: