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HEALTH DECLARATION & VOLUNTARY SELF DECLARATION OF DISABILITY

FULL NAME : NIHAARIKA. A. JAGADISH		DATE OF BIRTH	: 03/08/1998
ADDRESS : No 48, MILAN APTS, FLAT No 201, NEAR BALDWIN SCHOOL, BEML LYT, RAJARAJESHWARI NAGAR, BENGALURU-560098		DATE OF EMPLOYMENT	: __/__/____
		HEIGHT	: 5'4"
		WEIGHT	: 56 kg

HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING			
Giddiness	YES/NO ✓	Heart Condition	YES/NO ✓
Chest Complaints	YES/NO ✓	Stomach/Bowel disorder	YES/NO ✓
Fits/Epilepsy	YES/NO ✓	Hearing Problems	YES/NO ✓
Mental Disorders	YES/NO ✓	Bladder/Kidney Disorders	YES/NO ✓
Rheumatic Fever	YES/NO ✓	Nervous Breakdown	YES/NO ✓
Shortness Of Breath/Palpitations	YES/NO ✓	Backache and allied disorder	YES/NO ✓
Migraine	YES/NO ✓	Diabetes	YES/NO ✓

WHAT ACCIDENTS/ILLNESSES/OPERATIONS HAVE CAUSED YOUR ABSENCE FROM WORK FOR A PERIOD OF SEVEN DAYS OR DURING THE PAST 3 YEARS?IF NONE,STATE NONE	
ACCIDENT / ILLNESS / OPERATIONS	DATES
NONE	

HOW MANY DAY'S SICKNESS HAVE YOU HAD IN PAST 12 MONTHS? —

ARE THERE ANY OTHER ILLINESS YOU HAVE SUFFERED FROM WHICH YOU FEEL MAY BE RELEVENT TO YOUR EMPLOYMENT? IF NONE,STATE NONE

NONE

IS YOUR EYESIGHT GOOD ( ) AVARAGE (✓) POOR ( )

DO YOUR WEAR GLASEES/CONTACT LENSES ✓ YES/NO

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HAVE YOU EVER SUFFERED FROM ANY ALCOHOL OR DRUG PROBLEM?	No
DO YOU SMOKE?	YES/NO ✓

As an equal opportunity employer, Thomson Reuters has the responsibility to provide its employees with the ability to identify themselves as persons with disability.
This information will not be used to discriminate in any way. The following information will remain confidential with the following exceptions

- If a request for any assistance is made, managers and relevant people may be informed of necessary changes in work area, accessible technology or barrier free infrastructure adjustments
- First aid and safety personnel may be informed, when appropriate if the person with disability might require alternate actions in emergency situations

Are you a person with disability	YES/NO ✓
If Yes : Nature of Disability	

Orthopedic	YES/NO	Speech	YES/NO
Visual	YES/NO	Cerebral Palsy	YES/NO
Hearing	YES/NO	Mental Impairment	YES/NO
Any other – please specify :			

Do you need any workplace adjustment (Eg. Wheel chair assistance; magnifier or screen reading software etc. Please specify)	YES/NO ✓
Do you need any special help during emergency evacuation - if yes please specify:	

I declare that the above statements are true and am prepared, at the Company's request and expense, to undergo a full medical examination by a doctor of its choice prior to employment or at some future date should this be thought necessary

Signed: Nikhaarika Date: 03/02/2020

NOTES