BAHWANCYBERTEK

PRE EMPLOYMENT DECLARATION REGARDING MEDICAL FITNESS

Name : _____

Date of Birth : _____

Post applied : _____

Company : _____

		YES	NO
1.	Have you suffered from any major illness? If yes, please give details.	☐	☐
2.	Have you been operated upon any time or advised surgery? If yes, please give details.	☐	☐
3.	Have you been hospitalized for any illness? If yes, please give details.	☐	☐
4.	Do you suffer from any of the following?		
	a) Diabetes	☐	☐
	b) Hypertension	☐	☐
	c) Anemia	☐	☐
	d) Palpitation	☐	☐
	e) Breathlessness	☐	☐
	f) Jaundice	☐	☐
	g) Epilepsy (Fits)	☐	☐
	h) Malaria	☐	☐
	i) Leprosy	☐	☐
	j) Tuberculosis	☐	☐
	k) Any other chronic illness?	☐	☐
	If yes, please give details.		
5.	Do you suffer from any ailments of the following?		
	a) Heart	☐	☐
	b) Kidneys	☐	☐
	c) Liver	☐	☐

	d)	Joints	☐	☐
	e)	Eye	☐	☐
	f)	Ear	☐	☐
	g)	Any other	☐	☐
6.	Are you using any medicines at present? If yes, please give details of medicines and since how long.		☐	☐
7.	Do any of your family members suffer from ailments like diabetes, hypertension, etc? If yes, please give details.		☐	☐
8.	Have you been certified medically unfit in the past for any employment? If yes, please give details.		☐	☐
9.	Do you have any known allergy to any medicine or any other substance or weather? If yes, please give details.		☐	☐
10.	Do you have any handicap or disability? If yes, please give details.		☐	☐
11.	Are you a smoker? If yes, for how long and how many cigarettes per day.		☐	☐
12.	Do you consume:	a) Alcohol	☐	☐
		b) Tobacco	☐	☐
		c) Narcotic drugs	☐	☐
13.	Are you using power glass? If yes, what is the power of the glass?		☐	☐

I certify that the above information given is true to the best of my knowledge and belief. In case any of the above information is found false, company may take any action including termination of my services and repatriation at my expense.

Signature: _____

Name : _____

Date : _____