Pre-Employment Medical Self-Declaration Form

I hereby declare that the information provided below is true and correct to the best of my knowledge and understanding. I also confirm that I understand this self-declaration is not in lieu of the organisation's Pre-employment Medical Check requirements, but is a process instituted for a temporary situation arising out of COVID-19 pandemic. I further understand and accept that I will need to go through a complete Medical Check-up as per the organisation's norms post joining once the situation normalises and that the continuation of my employment is subject to my clearing the same.

_____

(Signature of the Prospective Employee)

(Please ✓ Mark Where Applicable)

1 PERSONAL DETAILS:

First Name Middle Name Surname

Address: _____

_____

_____

City _____ Pin: _____

Birth Place: _____ Birth Date (dd/mm/yyyy) _____

For post applied _____ Marital Status: Married / Unmarried Gender M / F

2 PERSONAL HISTORY:

	Yes	No
Are you in good health and capable of full work	☐	☐
Have you ever suffered from an occupational disease or injury?	☐	☐
Have you ever been discharged or rejected on medical grounds?	☐	☐

Types of Previous Occupation (Pl. describe in brief about company, nature of work, duration in years)

_____

_____

_____

Have you ever suffered from any of the following (Answer Yes or No. if yes, give details)

Y	N		Y	N	
		Heart disease			Hypertension
		Diabetes			Chronic abdominal /digestive disorder
		Kidney disease			Hepatitis-B
		Asthma			Chronic lung disease (e.g. bronchitis, pleurisy, pneumonia etc.)
		Tuberculosis			Malaria / Typhoid fever in last 6 months
		Dermatitis or any skin disease			Venereal or Sexually Transmitted Disease
		Epilepsy, Fits, fainting or dizziness			Nervous/Mental disease of any kind
		Any allergy			Any chronic ear or hearing problem (e.g. sinusitis, rhinitis, otitis etc.)
		Any major operation or injury			Any other illnesses
					Do you have any physical handicap?

Details of any of above if "Yes"

_____

_____

(For female candidates only) Are you pregnant at present? | Y | N | Date of L.M.P. _____

1. Have you or family member has history of Fever with Cough/ Cold since last two weeks?

A) Yes B) No

2. Have you or family member has history of Fever with Difficulty in breathing since last two weeks?

A) Yes B) No

3. Have you or family member recently done international travel in last 14 days?

A) Yes B) No

4. Have you or family member has history of contact with Corona virus (COVID-19) patient?

A) Yes B) No

I certify that the information that I have provided is correct and I authorize Reliance Retail to use it.

I declare that the above statements are true and complete to the best of my knowledge and belief.

Date (dd/mm/yyyy)

Signature of Prospective Employee