Dear Candidate

As the part of our hiring process we would request you to kindly provide a self-declaration of your medical fitness by completing this form.

Please provide your confirmation on the same by checking the correct column [Yes/No]: Do you suffer, or have you ever suffered from any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| **Symptom** | **Yes** | **No** | **Details if YES** |
| Any Allergies |  | Yes |  |
| Back or spine related problem |  | Yes |  |
| Joint problems – Arthritis |  | Yes |  |
| Mobility problems |  | Yes |  |
| Stomach disorders |  | Yes |  |
| Liver disorders |  | Yes |  |
| High / Low Blood Pressure |  | Yes |  |
| Heart related problems |  | Yes |  |
| Diabetes – Insulin dependent |  | Yes |  |
| For Ladies: Are you in the Family Way? |  |  |  |

Request you to mention below if you have any medical symptoms which is not mentioned in the above list.

I declare that all the information provided in this questionnaire is correct. Full name: RUDRARAJU SUDHARSHAN

............................................................................................................................................. Date: ........06/06/2022............................... Location: ...HYD................. Signature:

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