**MEDICAL HISTORY**

Name: Vidhyamalathi M

Date of Birth: 07-08-2002

Please complete the following questions by ticking the appropriate box. If the answer is 'yes' including (a) date, (b) amount of time lost from work/school, (c) treatment, as appropriate.

|  |  |  |
| --- | --- | --- |
| **Have you ever suffered from any of the following illnesses?** | **Yes/No** | **If Yes, please provide details** |
| Visual defects/eve conditions (including Color blindness) | No |  |
| Hearing. Defects/ear conditions | No |  |
| Severe anxiety, depression, other psychiatric disorder | No |  |
| Paralysis or other neurological disorder | No |  |
| Fainting attacks, blackouts, epilepsy or fits | No |  |
| Recurring headaches, migraine | No |  |
| Vertigo, giddiness or tinnitus | No |  |
| Heart disease, high blood pressure | No |  |
| Asthma, bronchitis, tuberculosis or other chest disease | No |  |
| Peptic ulcer or other digestive or bowel disorder | No |  |
| Liver disorder | No |  |
| Kidney of bladder problems | No |  |
| Gynaecological problems | No |  |
| Recurrent backache, arthritis, rheumatism | No |  |
| Any blood disorder | No |  |
| Eczema, dermatitis, other skin conditions | No |  |
| Diabetes, thyroid or other gland problems | No |  |
| Hayfever, allergies to drugs, animals etc | No |  |
| Any recurrent infections | No |  |
| Any impairment of immunity to infection | No |  |
| Varicose veins causing trouble | No |  |
| Hernia | No |  |
| Any alcohol or drug related problems or illness | No |  |
| Any other medical condition, physical or mental, not mentioned above | No |  |
| Sinusitis | No |  |

|  |  |  |
| --- | --- | --- |
| **Have You** | **Yes/No** | **If Yes, please provide details** |
| Ever undergone a surgical operation or been admitted to hospital for any reason? | No |  |
| Had more than 20 days’ sickness absence in the past 2 years? | No |  |
| Ever been, or are a Registered disabled person? | No |  |
| Received a Disability pension? | No |  |
| Suffered from an industrial disease/Accident? | No |  |
| Had a chest X ray in the past 12 months – if so state/place/date/result | No |  |
| Are you currently attending a doctor? | No |  |
| Are you at present on any medication or treatment prescribed by a doctor? | No |  |
| Are you a smoker? If so please give details | No |  |
| Do you drink alcohol? If so how many units per week?  (1 unit is ½ pint of beer or 1 medium glass of wine) | No |  |
| Do you have any eyesight defects other than those corrected by glasses? | No |  |
| Do you have any hearing problems? | No |  |
| Do you have any defect of speech or communication problem? | No |  |
| Do you have any physical disability necessitating special aids or requirements for access to premises | No |  |
| Do you have any other relevant health problems? | No |  |
| What is your height? ………. ft …………ins or ………… m (Without shoes) |  |  |
| What is your weight? ……… st …………lbs or ………… kgs |  |  |

**Declaration**

Complete the following portion, if applicable. If not applicable, please clearly state that you are currently not suffering from any ailments/health condition.

I hereby declare that I am suffering from the following ailment/health condition:

1.

2.

3.

I also declare that I am taking the necessary medication/treatment for the above. Further I declare that my above-named ailment/health condition will, in no way hamper/hinder my work and performance during my employment with Hexaware and I will abide by my employment terms in this regard.

1. I declare that to the best of my knowledge, the information I have given is correct.

2. I understand that I may be required to attend a medical examination.

3. I understand that failure to disclose relevant information or giving false information may result in termination of my employment.



Signature:

Date: ………17-12-2023…………….