



**SWANSEA
COLLEGE**

Building foundations for your future

Medical form for employees/self-employed staff

Swansea Sixth-form College is committed to the health and safety of all our staff and students. As a new member of staff, please help us to ensure a healthy working environment.

PERSONAL DETAILS (in BLOCK CAPITALS):

Surname	
Forenames	
Date of birth	
Blood group if known	
Name of next of kin	
Contact number of next of kin	
Name & address of GP:	
Contact number of GP:	
Have you received both COVID Vaccines?	
If no why?	
If yes, provide dates	
Print your name, if you consent to our providing the emergency services with this information	

Please complete this questionnaire as fully as possible and to the best of your knowledge.

Have you ever suffered from any serious illness which you consider could have negative consequences on your performance at Swansea College?

	Please Tick
Yes	
No	

Have you ever undergone a surgical operation or received treatment for a condition which you consider could have negative consequences on your performance at Swansea College?

	Please Tick
Yes	
No	

Would you consider your current health status to be such that it should not adversely affect your fulfilling your full responsibilities at Swansea College?

	Please Tick
Yes	
No	

If you suffer from a disability, how, if at all, do you think this may affect your ability to carry out the role/duties relating to the position which you have been offered?

If your current health status or disability will affect your ability to carry out the position for which you have been recruited, what (if any) reasonable adjustments do you think could be made to your work area, working practices, working environment that would assist you in better performing your role/duties?