MEDICAL EVALUATION FORM

FOR GOLDEN DREAMS HOMECARE, L.L.C.. PERSONNELL

To be completed by the Employee *Page 1*

PERSONAL DETAILS	
SURNAME :	**FORENAMES:**
ADDRESS:	**MARITAL STATUS**
DATE OF BIRTH:	**Position:**
NATIONALITY:	**GENDER:**

SOCIAL / OCCUPATIONAL HISTORY	
1. Do you smoke? If so how many per day	
2. If an ex-smoker, when did you give it up?	
3. Average weekly alcohol consumption: state quantity and type	
4. Have you been exposed to any known occupational hazard such as noise, radiation, dust, asbestos, chemicals or lead?	
5. Are you able to lift 50 pounds?	
6. Have you ever developed any medical condition in connection with your occupation? If so please give details e.g. Hearing loss/skin condition /wheeze/backache/muscle strain/blood disease?	
7. Have you suffered any occuvational injury? If so please give details.	
8. Are you physically able to bend and stoop?	
9. Have you been hospitalised in the last five years? If yes please rovide details?':	
10. Do you have any disabilities? Use a separate sheet if required	
11. Have you ever been rejected from employment or insurance on medical grounds?	
12. Have you received compensation for an occupational claim /or is there any occupational claim pending?	

MEDICAL HISTORY REQUIRING SPECIAL CONSIDERATION

DO YOU HAVE OR HAVE BEEN DIAGNOSED AS SUFFERING FROM ANY OF THE FOLL0WING:

Please include any family history of the following in addition			**Please Elaborate**
1. Chest pain / heart disease	YES ☐	NO ☐	
2. High blood pressure / stroke	YES ☐	NO ☐	
3. Asthma / epilepsy / diabetes	YES ☐	NO ☐	
4. Peptic ulcer disease	YES ☐	NO ☐	
5. Kidney disease (eg. Stones)	YES ☐	NO ☐	
6. Psychiatric disorder eg. anxiety, Depression	YES ☐	NO ☐	
7. Tuberculosis	YES ☐	NO ☐	
8. Cancer	YES ☐	NO ☐	
9. Have you or anyone in your family an existing medical condition?	YES ☐	NO ☐	
10. Vaccination history: ☐ Poliomyelitis ☐ Tetanus ☐ Hep. A ☐ Hep. B ☐ BCG ☐ Meningitis Approx. Date:			

DECLARATION

PLEASE READ THE FOLLOWING STATEMENT AND IF YOU AGREE, SIGN AND DATE.

"I DECLARE THE ABOVE TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

I ACCEPT THAT GOLDEN DREAMS HOMECARE, L.L.C. IS NOT LIABLE FOR ANY PRE-EXISTING MEDICAL CONDITION IN MYSELF OR MY DEPENDENTS UNLESS EXPRESSELY STATED IN WRITING"."

Employee Signature____**Date**______________________________