



CONFIDENTIAL MEDICAL REPORT

To be completed by the applicant for the post of
for The Abbeyfield (Buckinghamshire) Society Limited

Name.....

Address

.....

.....

How would you describe your state of health?

Do you suffer from any disability, handicap or serious illness? Yes No

Are you registered disabled? Yes No

If you answered Yes to either question, please give details

.....

.....

.....

Past Medical History

Serious illnesses (with dates):

.....

.....

.....

Admissions to hospital other than above (with dates):

.....

.....

.....

Present Condition (please tick if applicable)

Tring Road
Halton, Aylesbury
Buckinghamshire
HP22 5PN

Tel. 01296 625188
Fax. 01296 622793





Do you have any difficulty with:

Vision

Hearing

Walking or Standing

Climbing Stairs

Lifting

Blood Pressure

Do you suffer from any of the following:

Bronchitis, Asthma

Diabetes

Fits

Backache

Varicose Veins

Depression

Are you currently on any medication or undergoing any treatment or tests? Yes No

If Yes, please give details:

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.....
.....

Do you suffer from any medical condition which might affect your duties with this Nursing Home now or in the future? Yes No

If Yes, please give details:

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.....

To the best of my knowledge and belief, the particulars given on this form are correct and complete.

I am willing to undergo a medical examination at The Abbeyfield (Buckinghamshire) Society's request.

Signed Date.....

May 2011

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