University of Reading

New Employee Health Declaration

Personal Details	
Full Name	
Home address	
Email address	
Daytime contact telephone number	
Position offered	
Job reference number	
School or Service Department	

The purpose of this Health Declaration is to assess what adjustments you may require in order to undertake the position which you have been offered. The information you provide will remain confidential to the Occupational Health Service.

If the answer to any of the following questions is "Yes" the Occupational Health Service may contact you to discuss this further.

Previous Medical History			Details
Are you experiencing any health problems?	☐ Yes	☐ No	
Have you had any significant illness or time off work in the last 12 months?	☐ Yes	☐ No	
Do you have any health problems that you think may affect your performance or safety in the job you have been offered?	☐ Yes	☐ No	
Do you require any special aids/adaptions to assist you at work, whether or not you have a disability?	☐ Yes	☐ No	

Please read and sign the declaration below:

I certify that to the best of my belief the answers given above are true and complete. I understand that the medical information gained from this questionnaire and any subsequent investigation remain confidential but may be used by the Occupational Health Service to advise my employer on any reasonable adjustments that I may require to enable me to undertake the duties of the job I have been offered and I consent to the information being used for this purpose in line with The Equality Act 2010.

Signed	Date

Please return this form to Occupational Health Service,117a JJ Thompson Building, Whiteknights , PO Box 220, Reading RG6 6AF or email to occupationalhealth@reading.ac.uk