

Health form

Updated April 2019

Please complete this form if:

- you're applying to register as a childminder on the Early Years Register
- you're registering as the manager of childcare on domestic premises
- you're applying to register as a social care establishment, agency or manager
- Ofsted has asked you to complete it because we need more information (for example, if you live with a childminder or if you own a nursery).

How to complete this form

1. Complete section A.
2. Complete section B1 if your application relates to early years or B2 for social care.
3. Complete and sign the statement of declaration on page 7.
4. Print the form once you have completed your sections and ask your GP to fill in section C. You do not usually need an appointment to do this. If your doctor needs to see you, they will let you know. Your doctor may charge a fee for this service. If you want to see the report before your doctor sends it to Ofsted, please speak to them directly.

Information on how Ofsted handles personal information can be found in our [personal information charter](#).

This information remains valid for six months from the date of your doctor's signature. Please send this to Ofsted without delay.

It is an offence to make a statement that you know is false or misleading as part of a registration application. Please answer this form truthfully. We will not necessarily refuse your registration based on current or previous health problems.

If you need any help completing this form, please telephone us on 0300 123 1231 or email enquiries@ofsted.gov.uk.

Health form

A	Personal details												
	Ofsted Unique Reference Number (URN) if known												
	Title	First name	Surname	Date of birth (dd/mm/yyyy)									
	Surname at birth		Other first name(s)				Other surname(s)						

	Current full postal address													
	Postcode													
	Telephone number													
	Email address													

	Please tick one of the following:													
	I am applying to register as a childminder												<input type="checkbox"/>	
	I am the manager of childcare provision on domestic premises												<input type="checkbox"/>	
	I am applying to register as a manager of a social care establishment or agency												<input type="checkbox"/>	
	Other (please explain)												<input type="checkbox"/>	

	Provision name													
	Provision address													
	Postcode													
	Telephone number													

	Please give contact details of your doctor's surgery:													
	Doctor's name													
	Surgery name													
	Address													
	Postcode													
	Telephone number													

B1

Health declaration: early years and childcare

Please complete this section if:

- you're applying to register as a childminder on the Early Years Register
- you're registering as the manager of childcare on domestic premises
- Ofsted has asked you to complete it because we need more information (for example, if you live with a childminder or if you own a nursery).

If not, please complete section **B2**.

Please complete your health declaration in full. If you leave out any significant information about your health, we may judge that you are not suitable to care for children and/or young people.

Do you have any health condition that affects you in the following ways or any of the conditions listed below? If 'yes', please give full details.				
	Condition	Yes	No	Treatment (in the last 5 years, current or planned in the future)
	Any condition that affects your physical ability to walk, balance, bend, kneel or lift a child or young person.	<input type="checkbox"/>	<input type="checkbox"/>	
	Any condition that might make you become confused or disorientated.	<input type="checkbox"/>	<input type="checkbox"/>	
	Any condition that affects your hearing in any way (after correction with a hearing device).	<input type="checkbox"/>	<input type="checkbox"/>	
	Any condition that affects your eyesight in any way (after any lens correction).	<input type="checkbox"/>	<input type="checkbox"/>	
	Depression, stress-related or emotional issues, or any other condition that causes anxiety, panic attacks, mood swings or anger.	<input type="checkbox"/>	<input type="checkbox"/>	
	Any condition that causes severe pain.	<input type="checkbox"/>	<input type="checkbox"/>	
	Any condition that causes excessive drowsiness.	<input type="checkbox"/>	<input type="checkbox"/>	
	Epilepsy or any other condition that causes blackouts, fits or fainting.	<input type="checkbox"/>	<input type="checkbox"/>	
	Any heart problems.	<input type="checkbox"/>	<input type="checkbox"/>	
	Diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	
	Asthma or any other breathing difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	

	Any alcohol or drug dependency or misuse.	<input type="checkbox"/>	<input type="checkbox"/>	
	Any significant infectious diseases such as tuberculosis or hepatitis, which may pose a risk if not treated.	<input type="checkbox"/>	<input type="checkbox"/>	

Are you taking any medication which may affect your suitability to care for children? If 'yes', please complete this section below.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Medication name	Reason for medication	Dosage	How long you've been taking medication	

In the past 5 years, have you:										Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> ■ had any other medical problems or degenerative conditions that may affect your suitability to care for children ■ been admitted to hospital or had outpatient treatment for any other reason? 										<input type="checkbox"/>	<input type="checkbox"/>
<p>We use this information to help us understand any medical conditions that may affect your suitability to care for children. You do not have to tell us about any minor illnesses that you have not needed medical treatment for, such as flu.</p> <p>If 'yes' to either of the above, please give details.</p>											
Date										Details	

If you answer 'yes' to any of these, please give full details.										Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a driving licence?										<input type="checkbox"/>	<input type="checkbox"/>

	Have you ever had restrictions put on your licence or had difficulty getting insurance because of health problems?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever had your insurance refused on health grounds?	<input type="checkbox"/>	<input type="checkbox"/>

	Are you currently receiving any of the following:	Yes	No
	<ul style="list-style-type: none"> ■ Employment and Support Allowance (ESA) ■ Incapacity Benefit ■ Income Support, paid because of illness or disability ■ Severe Disablement Allowance ■ Personal Independence Payment (specify below whether standard or enhanced rate). 	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	We need to consider the reason that you are receiving any of these benefits so that we can assess your suitability to care for children.		
	If you answered 'yes' to any of the above, please give full details.		

	Do you smoke?	Yes	No
	Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	What is your average alcohol intake per week in units? (1 unit = small glass of wine or ½ pint of beer)		

Please sign the statement of declaration after section B2.

B2	Health declaration: social care
<p>Please complete this section if you're applying to register as a social care establishment, agency or manager.</p> <p>Please complete your health declaration in full. If you leave out any significant information about your health, we may judge that you are not suitable to care for children and/or young people.</p>	

Do you have any health condition that affects you in the following ways or any of the conditions listed below? If 'yes', please give full details.				
Condition	Yes	No	Treatment (in the last 5 years, current or planned in the future)	
Any condition that might make you become confused or disorientated.	<input type="checkbox"/>	<input type="checkbox"/>		
Depression, stress-related or emotional issues, or any other condition that causes anxiety, panic attacks, mood swings or anger.	<input type="checkbox"/>	<input type="checkbox"/>		
Any condition that causes severe pain.	<input type="checkbox"/>	<input type="checkbox"/>		
Any condition that causes excessive drowsiness.	<input type="checkbox"/>	<input type="checkbox"/>		
Any alcohol or drug dependency or misuse.	<input type="checkbox"/>	<input type="checkbox"/>		
Any mental health disorder.	<input type="checkbox"/>	<input type="checkbox"/>		

In the past 5 years, have you had any other medical problems, which may affect your suitability for the position you have applied for? You do not have to tell us about any minor illnesses that you have not needed medical treatment for, such as flu. If 'yes', please give details.	Yes	No										
	<input type="checkbox"/>	<input type="checkbox"/>										
Date	Details											
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Statement of declaration

We will use the information that you and your GP give on this form to make a decision about your medical suitability to look after or be in contact with children and/or young people. We may seek further information from your doctor or another doctor by telephone or in writing. Our medical adviser may also ask you to attend an interview or consultation.

I understand Ofsted will obtain and use information about my health in the way set out above. I understand that my doctor may charge a fee for providing a report and I agree to pay any such fee directly to my doctor.

I consent to my GP sharing my health information with Ofsted for the purpose of making a decision about my medical suitability to look after or be in regular contact with children and/ or young people.

I declare that to the best of my knowledge the answers given to the questions above are full and correct. I agree to notify Ofsted of any significant changes to my health.

I want to see a copy of the medical report before my GP sends it to Ofsted		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
Signed			
Print name			
Date of signature			

C

Explanatory note for the general practitioner

Your patient is:

- applying to register as a childminder on the Early Years Register
- registering as the manager of childcare on domestic premises
- applying to register as a social care establishment, agency or manager
- required to complete this form because we need more information (for example, they live with a childminder or they own a nursery).

We have a duty to ensure that such people are suitable to look after or be in regular contact with children and/or young people.* Part of this process is to establish the person's physical and mental suitability. We treat all medical information confidentially. We use qualified medical advisers where an assessment of the information is necessary.

Ofsted's medical adviser may use the information in this booklet to provide advice about your patient's medical suitability. If necessary, we seek further information from other medical practitioners treating the patient or form an independent medical examination. It is the role of our inspectors to make a decision about the overall suitability of the person to work with or be in regular contact with children and/or young people. When needed, the inspector considers any necessary information about a person's medical suitability in order to make a fair and balanced judgement.

To help us reach a decision, you are asked to complete the section of this form marked 'GP verification'. Your patient has given consent for you to do this and understands that we will use any information you provide to make a decision about his or her suitability to work with or be in regular contact with children and/or young people. Your patient understands that you may charge a fee for this service and has agreed to pay any costs involved directly to you.

Your patient can ask to see your report and we may disclose it to your patient in its entirety. You should note that access to the information contained in your report can be limited or denied if, in your opinion, it could cause serious harm to the physical or mental health of the individual or any other person (paragraph 5 of Part 1 of Schedule 3 to the Data Protection Act 2018). Please indicate whether any information you are providing falls within this category.

*This duty is set out in:

- the Childcare Act 2006 Section 35 (2) (b) for childminders
- the Childcare Act 2006 Section 36 (2) (b) for childcare providers
- the Care Standards Act 2000 Section 12 (2) (b) for social care providers.

	Notes for general practitioners on completing section C
	<p>1. Before completing the form please:</p> <ul style="list-style-type: none"> ■ check section B carefully, compare the information provided against your medical records and check that your patient has signed the statement of declaration at the end of section B. ■ note if your patient has asked to see a copy of the information you intend to submit. If necessary, arrange for your patient to see the report. <p>2. No physical examination is required. Ofsted requires only factual information from your patient's records.</p> <p>3. Please charge any fee you make for this service directly to your patient.</p> <p style="text-align: center;">Thank you for your help.</p> <p>Should there be any change to your patient's health that gives you cause for concern about their ability to care for children and/or young people, please do not hesitate to contact the Ofsted helpline on 0300 123 1231.</p>
C1	If the health declaration form omits significant information, please give brief details of the omission (use a separate sheet of paper if necessary).

C2	<p>Please provide the details of any significant medical condition(s) that your patient has or that may recur, and the severity of the condition, including:</p> <ul style="list-style-type: none"> ■ the insight and awareness of your patient ■ the medical treatment your patient receives ■ your patient's compliance with the treatment ■ the frequency of episodes, if appropriate ■ mental health, stress-related or other emotional issues. <p>Based on the information above, what is the prognosis and what is the likely outcome? Is your patient likely to suffer any complications?</p>

C3	Please complete this table by placing a tick in the appropriate box to show if your patient is affected on a functional level: (Only necessary if your patient has completed section B1)	Yes	No
	Vision	<input type="checkbox"/>	<input type="checkbox"/>
	Hearing	<input type="checkbox"/>	<input type="checkbox"/>
	Lifting	<input type="checkbox"/>	<input type="checkbox"/>
	Mobility	<input type="checkbox"/>	<input type="checkbox"/>
	Carrying	<input type="checkbox"/>	<input type="checkbox"/>
	Bending	<input type="checkbox"/>	<input type="checkbox"/>

C4	<p>Are you aware of any illegal drug use or inappropriate alcohol use by your patient?</p> <p>If 'yes', please give details (use a separate sheet of paper if necessary).</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>

C5	Please include any additional information that will help us to reach a fair and balanced judgement about your patient's ability to look after or be in contact with children and/or young people.

C6	Do you have your patient's records from birth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are your patient's records for a continuous period?	<input type="checkbox"/>	<input type="checkbox"/>
	If 'no', please state from what date the records commence and/or please give a reason, if known, for any gaps in the records.		

C7	Please provide the name and address of any consultant/specialist to whom your patient has been referred (please use a separate sheet of paper if necessary).		
	Title	First name	Surname
	Address		
	Postcode		
	I confirm that the patient's health declaration is a true reflection of their health.		Yes <input type="checkbox"/>
			No <input type="checkbox"/>
	Signed		
	Print name		
	GMC reference number		
	Date of signature		
	Telephone number		
	Practice email		
	Practice stamp (This is mandatory and required to validate form)		

D	For Ofsted use only	
	URN	

Explanatory note for applicants

Ofsted's powers for registration and inspection are set out in the Childcare Act 2006 for childminders and childcare providers and the Care Standards Act 2000 for social care provision for children and young people.

This information remains valid for six months from the date of your doctor's signature. **Please send this to Ofsted without delay.**

Why does Ofsted need information about my health?

Ofsted must be satisfied that you are able to care for, or be in regular contact with, children and young people if:

- you're applying to register as a childminder on the Early Years Register
- you're registering as the manager of childcare on domestic premises
- you're applying to register as a social care establishment, agency or manager
- we have asked you for information (for example, if you live with a childminder or if you own a nursery).

This includes us making a judgement about your physical and mental suitability to do so. To help us make a fair and balanced judgement about your medical suitability, we need this health form to be completed by both you and your doctor.

Who will see this information?

We and any qualified medical advisers store all records relating to your medical health securely and look at the information in the strictest confidence. We use the information provided to make a decision about your medical suitability to look after children and/or young people. This may include sharing some medical information about you with your inspector, so that they can make a decision about your registration. We process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Details of how Ofsted handle your personal information can be found in our [personal information charter](#), which contains links to our privacy notices.

All applicants should note that your doctor may refuse to let you see any part of the medical report that he or she believes would be likely to cause serious harm to your physical or mental health or that of others. Your doctor may refuse to show you any part of the report that would reveal information about another person or the identity of a person who has supplied the doctor with information about your health, unless the person also consents. In these circumstances your doctor will notify you and you may only see any remaining parts of the report.

What if Ofsted needs more information?

If we need more information, we may:

- telephone or write to you
- ask you to attend an interview or consultation with our medical adviser or a private health specialist
- ask for more information from your doctor or other medical practitioner who is treating you now or has done so in the past.

You will not be charged for any additional information that is needed.

What happens next?

Ofsted makes a decision about whether you are suitable to work or be in regular contact with children and/or young people. The medical adviser may give advice to Ofsted about your medical suitability. In some circumstances, they may recommend restrictions to the type of care you can provide. This includes any decision about granting registration, refusing it or, if you are already registered, cancelling it. We may decide to repeat checks on your health if necessary.

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

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