

Model Health Declaration form

Name:

Address:

Position:

Duties of the Position:

I have read the inherent job requirements and job demands for the position and these requirements have been explained to me. I have ticked the appropriate statement below:

- I am not aware of any health condition which might interfere with my ability to perform the inherent job requirements and job demands of this position.

- I have a health condition that may require the employer to provide me with services or facilities (adjustments) so that I can successfully carry out the inherent job requirements and job demands of the position.

- I understand that adjustments to the workplace can be made to assist employees with disabilities in carrying out the inherent job requirements and job demands of the position. Any adjustments I need have been discussed with the organisation prior to completing this health declaration.

- I no longer wish to be considered for this position.

I am aware that any false or misleading statements may threaten my appointment or continued employment.

Signature: _____

Date: _____