

Part B – Applicant's medical history

If yes, list the relevant details, including dates

15 Have you ever been diagnosed with, or had to take treatment for, Tuberculosis (TB)? No Yes

16 Have you ever been in close contact at home with a person known to have Tuberculosis (TB)? No Yes

17 Have you ever been admitted to hospital and/or received medical treatment for an extended period for any reason (including for a major operation or treatment of a psychiatric illness)? No Yes

18 Do you suffer, or have you ever suffered, from mental health problems? No Yes

19 Have you ever been told you are HIV positive? No Yes

20 Do you have, or have you ever had, hepatitis, problems with your liver or yellowing of the skin? No Yes

21 Do you have, or have you had, cancer in the last 5 years? No Yes

22 Do you have high blood sugar/diabetes? No Yes

23 Do you have heart problems, including high blood pressure or a heart condition that you were born with? No Yes

24 Do you have a blood condition? No Yes

25 Do you have bladder or kidney problems? No Yes

26 Do you have a physical or intellectual disability that make it difficult for you to function (for example, to move around or learn) or work full-time? No Yes

27 Do you need to take drugs or drink alcohol regularly? No Yes

28 Please list any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements) you are taking

29 For female applicants – Are you pregnant? No Yes

What is the expected date of birth?

DAY	MONTH	YEAR