[redacted] – *Applicant's medical history*

Applicant Name :_____

			If yes, list the relevant details, including dates
Have you ever been diagnosed with, or had to take treatment for, Tuberculosis (TB)?	No ☐	Yes ☐ ▶	
Have you ever been in close contact at home with a person known to have Tuberculosis (TB)?	No ☐	Yes ☐ ▶	
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 ☐ ▶	
Do you suffer, or have you ever suffered, from mental health problems?	No ☐	Yes ☐ ▶	
Have you ever been told you are HIV positive?	No ☐	Yes ☐ ▶	
Do you have, or have you ever had, hepatitis, problems with your liver or yellowing of the skin?	No ☐	Yes ☐ ▶	
Do you have, or have you had, cancer in the last 5 years?	No ☐	Yes ☐ ▶	
Do you have high blood sugar/diabetes?	No ☐	Yes ☐ ▶	
Do you have heart problems, including high blood pressure or a heart condition that you were born with?	No ☐	Yes ☐ ▶	
Do you have a blood condition?	No ☐	Yes ☐ ▶	
Do you have bladder or kidney problems?	No ☐	Yes ☐ ▶	
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 ☐ ▶	
Do you need to take drugs or drink alcohol regularly?	No ☐	Yes ☐ ▶	

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

For female applicants – Are you pregnant? No ☐ Yes ☐ ▶ What is the expected date of birth? DAY MONTH YEAR

Applicant Signature:_____

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