SERVOL LIMITED

MEDICAL HISTORY TO BE FILLED OUT BY APPLICANT

NAME _____

POST/LIFE CENTER
OR COURSE TO BE FOLLOWED _____

Answer to the following questions are for our records only and will be considered confidential.

		CIRCLE ANSWER
1.	Are you in good health?	YES/NO
2.	Are you under the care of a physician?	YES/NO
	If so, what is the condition being treated?	
3.	Are you taking any medication/drugs?	YES/NO
	If so, what are they?	
4.	Are you allergic to any drugs?	YES/NO
5.	Have you ever had any serious trouble following any Dental treatment?	YES/NO
6.	Do you have now or have had in the past:	
(a)	Rheumatic fever or Rheumatic Heart Disease?	YES/NO
(b)	Heart Disease ?	YES/NO
(c)	High Blood Pressure?	YES/NO
(d)	Seizures/Fainting Spells?	YES/NO
(e)	Asthma or Hay Fever?	YES/NO
(f)	Diabetes?	YES/NO
	1) Do you urinate more than 6 times per day?	YES/NO
	2) Are you thirsty much of the time?	YES/NO
	3) Does your mouth frequently become dry?	YES/NO
(g)	Hepatitis, Jaundice or Liver Disease?	YES/NO
(h)	Anemia or any other Blood Disorder?	YES/NO
(i)	Any abnormal Bleeding (Uncontrollable Bleeding)	YES/NO
(j)	Do you have a persistent cough or cough up blood?	YES/NO
(k)	Tuberculosis	YES/NO
(l)	Kidney trouble	YES/NO
(m)	Venereal Disease	YES/NO
(n)	Infections Mononucleosis	YES/NO
(o)	Sores/Ulcers in or around the month ?	YES/NO
(p)	Epilepsy or Epileptic fits?	YES/NO
7.	Have you ever had an allergy response to any drugs, medications, foods etc.	YES/NO
	If so, please explain	
8.	Have you ever been sick or injured which required the care of a doctor?	YES/NO
	If so, please explain	
9.	Do you have any disease, conditions or problems not listed above that you think I should know about?	YES/NO
	If so, please explain	
10.	Are you HIV Positive?	YES/NO

WOMEN

11.	Are you pregnant?	YES/NO
12.	Do you have any problems associated with your menstrual period?	YES/NO
13.	Do you have severe cramps which prevent you from working?	YES/NO

I declare the above to be true and correct and understand that its veracity is a condition of my being accepted by Servol either as an employee or to follow one or others of its courses.

_____ SIGNATURE

_____ DATE