



HEALTH DECLARATION

I declare that the information given in my application form is true and complete to the best of my knowledge and belief. I have read and understood the Terms of Engagement booklet given to me. I agree to comply with the current Health & Safety at Work Act. I understand that my appointment is subject to the receipt of a minimum of three satisfactory references and is subject to enhanced CRB Disclosure. I authorise MP Locums Ltd to make any other enquires they may feel necessary to support my application. I agree to respect the confidentiality of patients and clients and any other information I may have access to at all times.

I declare that I feel well; that I have the mental and physical capacity to undertake locum work; that I believe I do not have a medical or physical infirmity which may pose a risk to patients or staff; that I am not taking or awaiting medical treatment, and that I believe I am not carrying any infection which could pose a risk to patients.

I agree to inform the Occupational Health Department and MP Locums Ltd if I have any reason to suspect that I may have acquired infection with HIV, Hepatitis B, Hepatitis C or any other condition which may affect my ability to undertake my duties safely.

I undertake that I may be asked to sign re-affirming my declaration of good health at the start of each locum I undertake. I undertake to inform MP Locums Ltd if my health status changes in any way that may affect the care due to the patients.

I agree that the information written in the Occupational Health Medical Questionnaire may be passed to the Employing Health Authority if necessary.

Date

Please sign between the lines ONLY

Your signature is required for producing an ID badge