

<i>Participant's Name</i>	
<i>Date of Birth</i>	
<i>Passport Number</i>	
<i>Home address</i>	
<i>Home or Emergency Contact Telephone Number</i>	

You will be working in the UK for several months. The work may involve long hours, adverse weather conditions and is generally physically demanding.

It is essential to know about any health problems you have, or have had in the past, and any medication you are taking. This is for your safety, and allows us to help with any health problems you may have whilst in the UK. It also allows your Employer (where reasonably possible) to adapt the work or work environment if necessary.

Answering these questions forms part of your contract to work. If you do not answer fully and truthfully the company cannot be liable for any costs arising from any undeclared illness, and your insurance cover may be invalidated.

Answers to the questions must be given in English or translated into English.

Job Title: SEASONAL HARVEST / PRODUCTION WORKER

This job may involve the following:

- Exposure to dust, noise, sensitising plant material, agricultural chemicals, or other hazardous substances (Fuels / Oils / Greases / Detergents for example)
- Workshop / Maintenance Activities / Use of powered machinery.
- Lone Working, shift working, long hours
- Manual handling of loads
- Work with visual display screens
- Exposure to weather (sun, cold or rain)
- Handling or Preparing Food

PARTICIPANT DECLARATION

PLEASE READ THE FOLLOWING POINTS CAREFULLY AND ANSWER ALL THE QUESTIONS BEFORE SIGNING:

- ***(Female Participants)*** I understand that I must notify my employer if I become pregnant.
- I certify that the answers to the questions are correct. I will inform *HOPS* of any change in my medical condition before I leave for the UK.
- I understand that any false or misleading information including the concealment of a material fact will lead to the termination of my contract of employment. I also understand that this would invalidate the medical insurance.

PREVIOUS EMPLOYMENT

Date(s)	Employer	Job Title	<i>Please give details of exposure to noise, dusts, fumes, chemicals, and biological agents, or use of power tools in any previous employment</i>

HOW MANY DAYS HAVE YOU LOST FROM WORK (SCHOOL/ UNIVERSITY/ COLLEGE) IN THE LAST TWO YEARS DUE TO ILLNESS OR INJURY?

(Please give details)

PLEASE ANSWER THESE QUESTIONS	NO	YES
Have you ever left or been retired from, or left work on the grounds of ill health?		
Are you taking any medication of any sort? <i>(If yes please give details in the section on medication on the next page of this questionnaire)</i>		

What is your height (m):

What is your weight (kg):

Please give details of your immunisation/ vaccination including:

	Date given	Date given	Date given	Date given	Date given
Tetanus					
Polio					
Rubella					
Hepatitis A					
Hepatitis B					
Tuberculosis (TB)					

STUDENT: ABOUT YOUR HEALTH..... <i>The answers to these questions will give some understanding of whether you will be capable of undertaking your work tasks, and to allow your employer an opportunity to adjust, if practically possible, work to suit your particular needs. If you answer yes to any of the questions this does not necessarily mean that you will not be able to work in the UK.</i> <i>If you answer yes to any of the questions please give further details on the reverse of this sheet.</i> DO YOU HAVE OR HAVE YOU EVER HAD....	NO	YES
Fits, blackouts, epilepsy, fainting attacks? <i>(If yes please give details overleaf)</i>		
Head injuries, severe frequent or prolonged headaches or migraines?		
Hay fever or chest problems, including asthma, bronchitis, pleurisy, unexplained breathlessness, Tuberculosis, persistent cough?		
Any heart disease or high blood pressure?		
Eye disease or defect of vision including colour vision?		
Ear conditions, e.g. discharge, infections, hearing difficulties, or loss of balance?		
Restriction of movement or pain in your back or neck?		
Arthritis, rheumatoid arthritis, slipped discs, joint pains?		
Kidney or bladder disease or any urinary problem?		
Liver disease, hepatitis or jaundice?		
Skin conditions, including eczema, dermatitis, psoriasis, acne?		
Allergies to any substances including plants, medication or vaccinations/ immunizations?		
Gastric or duodenal ulcers, frequent or prolonged indigestion, persistent diarrhoea, salmonella, gastroenteritis, typhoid or dysentery?		
Operations? <i>(Continue overleaf if necessary)</i>		
Diabetes? <i>(If yes please give details overleaf)</i>		
Any illness or injury requiring treatment or investigation by a doctor, hospital or other therapist?		
Are you currently under the care of a doctor or therapist, or receiving treatment, medication or counselling?		
If you are taking medication of any sort (tablets, medicine, inhaler, injection cream or other) please give the name(s) of the medication, how long you have been taking /using it, and why: <i>Continue overleaf if necessary</i>		
A disability that may require adjustment to your working environment?		
Alcohol or Drug related illness or dependency?		
Treatment for a psychotic illness or any significant psychiatric/ psychological disorder within the past 6 months?		
Problems with your teeth ?		
There is no additional relevant information regarding your health that should be noted?		
Have you had any medical tests in the last year? Were the results normal? <i>Please give details overleaf</i>		

Signed:

Date:

Print Name: